

Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchy upwards, the needs are: physiological (food and clothing), safety (job security), love and belonging needs (friendship), esteem, and self-actualization. Needs lower down in the hierarchy must be satisfied before individuals can attend to needs. Later expansions add cognitive, aesthetic, and transcendence needs. Not Strictly Linear: While Maslow initially proposed that lower needs must be relatively satisfied before higher ones, modern research suggests people often pursue multiple needs simultaneously. Cultural Variations: Differently. Individualistic vs. collectivist cultures, for example, can shape which needs take precedence. Practical Applications: In fields like education, healthcare, and workplace management, Maslow's framework helps identify barriers to motivation and guides strategies to fulfill various needs. Criticisms: Maslow's framework helps identify barriers to motivation and guides strategies to fulfill various needs. rule. What is Maslow's Hierarchy of Needs? According to Maslow, human needs were arranged in a hierarchy, with physiological (survival) needs at the top. Maslow argued that survival needs must be satisfied before the individual can satisfy the higher needs. The higher up the hierarchy, the more difficult it is to satisfy the needs associated with that stage, because of the interpersonal and environmental barriers that inevitably frustrate us. Higher needs associated with that stage, because of the interpersonal and environmental barriers that inevitably frustrate us. Needs is a motivational theory in psychology proposed by Abraham Maslow. It organizes human needs into five levels: physiological, safety, love and belonging, esteem, and self-fulfillment goals Our most basic need is for physical survival, and this will be the first thing that motivates our behavior. Once that level is fulfilled, the next level up is what motivates us, and so on. The human body cannot function optimally if physiological needs are not satisfied. Maslow considered physiological needs the most important as all the other needs become secondary until these needs are met. Once an individual's physiological needs are satisfied, the need for security and safety becomes salient. Safety needs can be fulfilled by the family and societal structures, such as law enforcement and medical care. For example, emotional security, physical safety, financial security (e.g., employment, social welfare), law and order, freedom from fear, social stability, property, health, and well-being (e.g., safety against accidents and injury). After physiological and safety needs have been fulfilled, the third level of human needs is social and injury). acceptance, receiving and giving affection, and love. This need is especially strong in childhood and can override the need for safety, as witnessed in children who cling to abusive parents. Maslow classified esteem needs into two categories: (i) esteem for oneself (dignity, achievement, mastery, independence) and (ii) the desire for reputation or respect from others (e.g., status, recognition, and prestige). Esteem is the typical human desire to be accepted and valued by others. People often engage in a profession or hobby to gain recognition, which gives them a sense of contribution or value. Low self-esteem or an inferiority complex may result from imbalances during this level in the hierarchy. Maslow indicated that the need for respect or reputation is most important for children and adolescents and precedes real self-esteem or dignity. This level of need refers to what a person's full potential is and the realization of that potential. This need manifests uniquely in each person. For one, it might involve becoming an ideal parent, for another, it may be fulfilled through work, artistic expression, or invention. It reflects a commitment to authenticity and the pursuit of purpose. Although Maslow did not believe that many of us could achieve true self-actualization, he did believe that all of us experience transitory moments (known as 'peak experiences') of self-actualization. Such moments, associated with personally significant events such as childbirth, sporting achievement and examination success), are difficult to achieve and maintain consistently. Maslow posited that human needs are arranged in a hierarchy: "It is quite true that man lives by bread alone — when there is no bread. But what happens to man's desires when there is plenty of bread and when his belly is chronically filled? At once other (and "higher") needs emerge and these, rather than physiological hungers, dominate the organism. And when these in turn are satisfied, again new (and still "higher") needs emerge and so on. This is what we mean by saying that the basic human needs are organized into a hierarchy of relative prepotency" (Maslow, 1943, p. 375). Key Point: Keep in mind that Maslow's hierarchy of needs doesn't follow a strict linear progression. Individuals can feel various needs at the same time or shift between levels. Maslow continued to refine his theory based on the concept of a hierarchy of needs over several decades (Maslow, 1943, 1962, 1987). Regarding the structure of his hierarchy, Maslow (1987) proposed that the order in the hierarchy "is not nearly as rigid" (p. 68) as he may have implied in his earlier description. Maslow noted that the order of needs might be flexible based on external circumstances or individual differences. For example, he notes that for some individuals, the need for self-esteem is more important than the need for love. For others, the need for creative fulfillment may supersede even the most behavior is multi-motivated and noted that "any behavior tends to be determined by several or all of the basic needs simultaneously rather than by only one of them" (p. 71). Maslow (1954) proposed that human beings possess two sets of needs. This five-stage model can be divided into deficiency needs (D-needs), and the top level is known as growth or being needs (B-needs). Deficiency needs Deficiency needs concern basic survival and include physiological needs (such as the need for food, sex, and sleep) and safety needs are seen as 'deficiency' motivated, as they are a means to an end. Deficiency needs are seen as 'deficiency' motivated people when they are unmet. Also, the motivation to fulfill such needs will become stronger the longer they are denied. For example, the longer a person goes without food, the more hungry they will become. Maslow (1943) initially stated that individuals must satisfy lower-level deficit needs before progressing to meet higher-level growth needs. However, he later clarified that satisfaction of a need is not an "all-or-none" phenomenon, admitting that his earlier statements may have given "the false impression that a need must be satisfied, it will go away, and our activities become habitually directed toward meeting the next set of needs we have yet to satisfy. These then become our salient needs. However, growth needs continue to be felt and may even become stronger once engaged. Growth needs continue to be felt and may even become stronger once engaged. needs are achieved more through intellectual and creative behaviors. Growth needs do not stem from a lack of something but rather from a desire to grow as a person. Once these growth needs have been reasonably satisfied, one may be able to reach the highest level, called self-actualization. Growth needs are achieved more through intellectual and creative behaviors. Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by a failure to meet lower-level needs. Life experiences, including divorce and the loss of a job, may cause an individual to fluctuate between levels of the hierarchy. Therefore, not everyone will move through the hierarchy in a uni-directional manner but may move back and forth between the different types of needs. It is important to note that Maslow's (1943, 1954) five-stage model has been expanded to include cognitive and aesthetic needs (Maslow, 1970b). Changes to the original five-stage model are highlighted and include a seven-stage model; both developed during the 1960s and 1970s. Biological needs - air, food, drink, shelter, warmth, sex, sleep, etc. Safety needs - protection from elements, security, order, law, stability, freedom from fear. Love and belongingness needs - friendship, intimacy, trust, and acceptance, receiving and giving affection and love. Affiliating, being part of a group (family, friends, work). Esteem needs - which Maslow classified into two categories: (i) esteem for oneself (dignity, achievement, mastery, independence) and (ii) the need to be accepted and valued by others (e.g., status, prestige). Cognitive needs - knowledge and understanding, curiosity, exploration, need for meaning and predictability. Cognitive needs drive our pursuit of knowledge and understanding. For instance, a student's desire to understand complex mathematical theories, a traveler's curiosity about diverse cultures, or an individual's quest for life's deeper meanings all exemplify these needs. Meeting these needs facilitates personal growth, comprehension, and a deeper understanding of life and its complexities. Aesthetic needs - appreciation and search for beauty, balance, form, etc. Fulfilling these needs leads to a deeper sense of satisfaction and harmony in life, as individuals seek environments and experiences that are pleasing and resonant with their sense of beauty. This involves the appreciation and pursuit of art, music, nature, and other forms of aesthetic expression. Fulfilling these needs isn't just about physical beauty but also the emotional and psychological satisfaction derived from experiencing order and elegance. Self-actualization realizing personal potential, self-fulfillment, seeking personal growth, and peak experiences. Transcendence needs - A person is motivated by values that transcend beyond the personal self. Beyond self-actualization, they represent the human desire to connect with a higher reality, purpose, or the universe. This level emphasizes spiritual connection, and helping others achieve their potential. Individuals seek experiences that move beyond personal concerns, aiming to achieve a deep sense of unity, understanding, and belonging within the vast expanse of existence. Examples of transcendence needs include mystical experiences and certain experiences with nature, aesthetic experiences, sexual experiences, service to others, the pursuit of science, religious faith, etc.). Self-Actualization Needs Instead of focusing on psychopathology and what goes wrong with people, Maslow (1943) formulated a more positive account of human behavior which focused on what goes right. He was interested in human potential, and how we fulfill that potential. Psychologist Abraham Maslow (1943, 1954) stated that human motivation is based on people seeking fulfillment and change through personal growth. Self-actualized people are those who are fulfilled and doing all they are capable of. The growth of self-actualization (Maslow, 1962) refers to the need for personal growth and discovery that is present throughout a person's life. For Maslow, a person is always "becoming" and never remains static in these terms. In self-actualization, a person comes to find a meaning in life that is important to them. As each individual is unique, the motivation for self-actualization leads people in different directions (Kenrick et al., 2010). For some people, self-actualization can be achieved through creating works of art or literature; for others, through sports, in the classroom, or within a corporate setting. Maslow (1962) believed self-actualization could be measured through the concept of peak experiences. This occurs when a person experiences the world totally for what it is, and there are feelings of euphoria, joy, and wonder. It is important to note that self-actualization is a continual process of becoming rather than a perfect state one reaches of a "happy ever after" (Hoffman, 1988). Maslow offers the following description of self-actualization: "It refers to the person's desire for self-fulfillment, namely, to the tendency for him to become actualized in what he is potentially. The specific form that these needs will take will of course vary greatly from person to person. In one individual it may be expressed athletically, and in still another it may be expressed in painting pictures or in inventions" (Maslow, 1943, p 382-383). Characteristics of Self-Actualized People Although we are all, theoretically, capable of self-actualizing, most of us will not do so, or only to a limited degree. Maslow (1970) estimated that only two percent of people whom he considered to have achieved their potential as individuals. By studying 18 people, he considered to be self-actualized (including Abraham Lincoln and Albert Einstein), Maslow (1970) identified 15 characteristics of a self-actualized person. They perceive reality efficiently and can tolerate uncertainty; Accept themselves and others for what they are; Spontaneous in thought and action; Problem-centered (not self-centered); Unusual sense of humor; Able to look at life objectively; Highly creative; Resistant to enculturation, but not purposely unconventional; Concerned for the welfare of humanity; Capable of deep appreciation of basic life-experience; Establish deep satisfying interpersonal relationships with a few people; Peak experiences; Need for privacy; Democratic attitudes; Strong moral/ethical standards. Experiencing life like a child, with full absorption and concentration; Trying new things instead of sticking to safe paths; Listening to your own feelings in evaluating experiences instead of the voice of tradition, authority or the majority; Avoiding pretense ("game playing") and being honest; Being prepared to be unpopular if your views do not coincide with those of the majority; Taking responsibility and working hard; Trying to identify your defenses and having the courage to give them up. The characteristics of self-actualization are shown in the list above. Although people achieve self-actualization in their own unique way, they tend to share certain characteristics. However, self-actualization is a matter of degree, 'There are no perfect human beings' (Maslow, 1970a, p. 176). It is not necessary to display all 15 characteristics to become self-actualized, and not only self-actualized people will display them. Maslow did not equate self-actualization with perfection. Self-actualization merely involves achieving one's potential. Thus, someone can be silly, wasteful, vain and impolite, and still self-actualizations and employee motivation The theory applies to organizational structures and the motivation of employees. HR strategies, including compensation, benefits, job design, training, cultural development, and performance evaluations, can be tailored to cater to Maslow's hierarchy of needs (Jerome, 2013). 1. What can managers do to motivate employees with physiological needs? At the foundational physiological needs? shelter, and medical care. Offer comprehensive health coverage, and wellness programs demonstrate you care about employees' overall health and ability to afford care. Subsidize gym memberships - Some companies offer monthly gym subsidies or onsite fitness centers to support physical health and stress management. Make the space ergonomic - Ensure workstations, chairs, keyboards, etc. are height adjustable and comfortable to work at for extended periods to prevent bodily strain or injury. Pay for wellness services - Some companies offer perks like free annual flu shots, smoking cessation programs, or biometric screenings to proactively address health. 2. What can managers do to motivate employees with safety needs? For the safety tier, offering job stability, secure working conditions, and equitable compensation is essential. Employees are more motivated when they feel both financially stable and physically safe within their workplace. Establish antiharassment policies and reporting procedures - Ensure strong systems are in place for reporting issues confidentially and without retaliation. Cultivate psychological safety - Foster an environment where people feel safe to take risks, make mistakes, and speak up without fear of embarrassment or punishment. Define and reinforce ethical standards Clearly establish and model expected conduct to prevent ethical lapses that undermine security. Promote transparency in pay and promotion practices - Clearly communicate compensation structure, advancement criteria, and salary negotiation options to build trust. 3. What can managers do to motivate employees with social needs? Addressing social needs involves cultivating an inclusive community within the organization. Team-building exercises, social gatherings, mentorship initiatives, and transparent communication can foster a sense of belonging. Motivation is heightened when employees feel appreciated and integrated within their teams. Develop mother's rooms - Providing clean private lactation rooms supports new mothers' needs to pump breast milk during work hours. Train supervisors in mental health first aid - Equip leaders to recognize signs of depression, anxiety, substance abuse and properly intervene or connect employees with help. ones to establish interpersonal bonds and a sense of support. Model inclusive language and behavior - Use words and actions that are welcoming and respectful to all groups. Share vulnerability and imperfections - Leaders should open up on mistakes, challenges, and lessons learned to humanize the workplace. 4. What can managers do to motivate employees with esteem needs? To cater to esteem needs, organizations should implement recognition systems, merit-based promotions, and leadership roles. Leverage unique talents - Properly designated titles that reflect an individual's role and status can also be beneficial. Make the most of performance evaluations not only offer recognition but also highlight areas for growth, feeding into the employees with mentoring roles - Having them share knowledge and coach others recognizes their expertise. What can managers do to motivate employees with self-actualization needs? For self-actualizations should ensure that job roles align with employees' talents and passions. By empowering employees, presenting them with challenges, and fostering an environment that encourages innovation, organizations can facilitate their journey toward self-actualization. Foster innovation - Dedicate time and resources for experimenting with new ideas without pressure. Sponsor continuing education - Provide tuition reimbursement or subsidies for advanced courses, conferences, and seminars. Workplace Motivation A recent quantitative study by McConnell and Metz (2024) examined how different work arrangements (on-site, remote, hybrid) fulfill employees' needs. Surveying full-time U.S. employees, they found that those in hybrid work settings reported significantly higher satisfaction of all five need levels, compared to employees working exclusively on-site or exclusively remotely. which offers flexibility along with in-person collaboration, appears to satisfy basic needs (job security, comfort) while also supporting social connection and personal growth, more so than the other arrangements This finding suggests that workplaces which balance remote flexibility with opportunities for face-to-face interaction can better motivate employees by addressing the full spectrum of human needs. The research by Ihensekien and Joel (2023) compares Maslow's lower-level needs correspond to Herzberg's "hygiene" factors, while higher-level needs match his intrinsic motivators. Their review concludes that organizations must address both basic extrinsic needs (salary, job security) and higher intrinsic needs (recognition, growth opportunities) simultaneously to develop a motivated, high-performing workforce. Effective management requires recognizing employees' diverse needs and creating conditions that satisfy both fundamental necessities and growth needs, resulting in more engaged and productive employees. Nursing The hierarchy provides a framework for understanding patients as multifaceted human beings. Patient care should be holistic, not just medical. Nurses must assess and address the spectrum of patient needs – physical, mental, emotional, and social (Jackson et al., 2014; Toney-Butler & Thayer, 2023). Doing so motivates greater engagement in care, faster healing, and improved outcomes. Physiological needs (ABC + D) - Ensure patients have adequate nutrition, hydration, pain control, sleep, and physical comfort. Address pain that hinders sleep and recovery. A - Airway: Ensure the patient has an open airway. B - Breathing: Assess and support adequate breathing and gas exchange. C - Circulation: Evaluate and maintain proper blood circulation: Evaluate and maintain a clean, quiet environment with call bells for assistance. Prevent injuries through fall precautions, blood clot prevention, and pressure ulcer avoidance. Explain tests, treatments, and medications to patients to relieve anxiety. Keep patient info confidential. Foster a climate of trust through compassionate listening. Prevent medications to patients to relieve anxiety. included. Introduce them to other patients. Allow for family visitation and spiritual practices. Esteem - Show respect through courteous communication and cultural sensitivity. Maintain dignity and privacy. Empower patients in care decisions. Explain care in an easy-to-understand way. Listen attentively to their concerns. Make them feel valued. Self actualization— Align care with patient values and aspirations. Perhaps share motivational stories of those with similar diagnoses who stayed active or provide resources on coping with grief over health changes. Special Considerations Pain Management: While pain is typically considered a physiological need, its priority can vary. Acute, severe pain or pain indicating a life-threatening condition should be addressed immediately. Hospice Care: For end-of-life care patients, comfort and quality of life may take precedence over addressing physiological needs. Rather than reducing behavior to a response in the environment, Maslow (1970a) adopts a holistic approach to education and learning. Applying Maslow's hierarchy theory to the work of the classroom teacher is obvious. Before a student's cognitive needs can be met, they must first fulfill their basic physiological needs. For example, a tired and hungry student within the classroom to progress and reach their full potential. Maslow suggests students must be shown that they are valued and respected in the classroom, and the teacher should create a supportive environment. Students with a low self-esteem will not progress academically at an optimum rate until their self-esteem is strengthened. Maslow's hierarchy provides a humanistic lens for teaching the whole child. Maslow (1971, p. 195) argued that a humanistic educational approach would develop people who are "stronger, healthier, and would take their own lives into their hands to a greater extent. With increased personal life, and with a rational set of values to guide one's choosing, people would begin to actively change the society in which they lived". Here are some ways a teacher can apply Maslow's hierarchy of needs in the classroom: Physiological - Ensure students have access to water, food, restroom breaks, and movement. Allow snacks, flexible seating, and adequate breaks. Safety - Maintain an orderly classroom with clear expectations. Prevent bullying. Build trust through consistency and fairness. Allow students to make mistakes safely. Belongingness - Facilitate community and collaboration. Foster teamwork through group projects. Learn student strengths and progress. Display student work. Empower leadership roles like line leader or tech helper. Praise efforts, not just achievement. Self-Actualization - Help students pursue interests creatively. Assign passion projects. Encourage goal-setting. Provide enrichment opportunities. Support challenging oneself. When these foundational needs are met, students are more motivated to learn and perform well academically. But needs fluctuate. Be observant and nurture needs as they arise. Critical Evaluation Before exploring each critique in detail, here are the main concerns raised about Maslow's biographical analysis (based on a small, primarily Western sample) risks researcher bias and limited generalizability. Cultural Bias: Critics argue the hierarchy reflects Western, individualistic values and does not always apply uniformly across cultures. Lack of Empirical Rigor: Testing self-actualization and proving a strict stepwise sequence is challenging, making parts of the theory more speculative than scientifically proven. Rigid order needs (like belonging or creativity) even when some basic needs remain unmet. Modern Pluralistic View of Motivation: Contemporary psychologists often see motivation as multidimensional—people can experience and pursue several needs. on homelessness, serious mental illness, and recovery suggests individuals continue striving for self-actualization or personal growth despite unmet basic needs, challenging the notion that one must fully satisfy lower needs first. Overlooked Alternatives: Other models (e.g., Alderfer's ERG, Self-Determination Theory) suggest more flexible or universal principles of motivation that do not rely on a linear structure. 1. Subjective Biographical Analysis The most significant limitation of Maslow's theory concerns his methodology. Maslow formulated the characteristics of self-actualized individuals by undertaking a qualitative method called biographical Analysis. He looked at the biographical Analysis The most significant limitation of Maslow's theory concerns his methodology. of 18 people he identified as being self-actualized. From these sources, he developed a list of qualities that seemed characteristic of this specific group of people, as opposed to humanity in general. From a scientific perspective, there are numerous problems with this particular approach. is extremely subjective as it is based entirely on the opinion of the researcher. Personal opinion is always prone to bias, which reduces the validity of any data obtained. Therefore Maslow's biographical analysis focused on a biased sample of self-actualized individuals, prominently limited to highly educated white males (such as Thomas Jefferson, Abraham Lincoln, Albert Einstein, William James, Aldous Huxley, and Beethoven). Although Maslow (1970) did study self-actualized females, such as Eleanor Roosevelt and Mother Teresa, they comprised a small proportion of his sample. This makes it difficult to generalize his theory to females and individuals from lower social classes or different ethnicity. Thus questioning the population validity of Maslow's findings. Critics have often pointed out that Maslow's Hierarchy of Needs reflects Western, individualistic values. In many collectivist or non Western cultures, community, spirituality, and family obligations may rank as foundational priorities, sometimes appearing at or near the base of the "pyramid" rather than being relegated to higher tiers. Some cultures integrate spiritual fulfillment or communal welfare into their core survival needs, suggesting that people might see the entire group's well-being as inseparable from their own. In these settings, "belongingness" isn't just a step toward individual esteem—it's often unclear where Maslow's concept of self-actualization in a way that causal relationships can be established. It is often unclear where Maslow's concept of self-actualization in a way that causal relationships can be established. scientific observations end and his inspirational or philosophical interpretations begin. Critics argue that his theory is more speculative than empirically proven, with a tendency to substitute rhetoric for rigorous research. 4. Rigid Progression of Needs? Another criticism concerns Maslow's assumption that lower needs must be satisfied before a person can achieve self-actualization. Real-world observations show this is not always the case, leading some to claim parts of the hierarchy have been falsified. In cultures where many live in poverty (e.g., India), people still exhibit higher-order needs (love, belongingness), contradicting Maslow's claim that one cannot focus on these needs without first securing basic physiological needs. Likewise, many historically creative individuals (Rembrandt, Van Gogh) lived in poverty yet arguably reached states resembling self-actualization. 5. Modern Pluralistic View of Motivation Psychologists now conceptualize motivation as pluralistic, people can experience multiple needs simultaneously (Wahba & Bridwell, 1973). Contemporary research by Tay and Diener (2011) supports the idea that universal human needs do exist, but they do not necessarily follow Maslow's strict order. Tay and Diener tested Maslow's theory by analyzing the data of 60,865 participants from 123 countries, representing every major region of the world. The survey was conducted from 2005 to 2010. Their large-scale study found that although basic needs tend to receive the most attention when unmet, people still benefit from meeting higher needs (e.g., social connections, respect) even when lower needs at once, even if some remain only partially satisfied. Respondents answered questions about six needs that closely resemble those in Maslow's model: basic needs (food, shelter); safety; social needs (love, support); respect; mastery; and autonomy. They also rated their well-being across three discrete measures: life evaluation (a person's view of his or her life as a whole), positive feelings (day-to-day instances of joy or pleasure), and negative feelings (everyday experiences of sorrow, anger, or stress). The results of the study support the view that universal human needs appear to exist regardless of cultural differences. However, the ordering of the needs within the hierarchy was not correct. "Although the most basic needs might get the most attention when you don"t have them," Diener explains, "you don"t need to fulfill them in order to get benefits [from the others]." Even when we are hungry, for instance, we can be happy with our friends. "They" re like vitamins," Diener says about how the needs work independently. "We need them all." 6. Mental Health Contexts Maslow's hierarchy has proven valuable in mental health research and practice, offering insight into patient goals and system priorities. A 2015 mixed-methods study by Derejko et al. applied Maslow's theory to homeless adults with serious mental illness entering housing programs. Quantitatively, the researchers found a counterintuitive result: individuals who still lacked basic necessities were often more likely to voice self-actualization goals (such as pursuing education or creative ambitions), rather than focusing exclusively on securing food and shelter. Qualitative interviews revealed a complex interplay between basic and higher needs - many participants continued striving for meaning and personal growth even while some fundamental needs were unmet. These findings suggest that, in the context of extreme hardship, people do not always follow a strict stepwise needs progression. The authors argue that recovery-oriented care should be highly person-centered, helping clients pursue higher goals alongside efforts to meet basic needs. In other words, mental health services should not assume that no self-improvement goals exist until housing and food are secured; often, the aspiration for purpose and self-worth persists and can be harnessed as part of the recovery process. Zheng et al. (2016), using neuropsychological evidence, proposed a reordering of Maslow's hierarchy for mental disorders. The brain's safety needs above physiological needs. This is because chronic insecurity is a key factor in anxiety, depression, and trauma-related disorders. The brain's safety needs above physiological needs. suggest "flipping" Maslow's bottom two layers, making safety (absence of violence, financial stability, health security) the primary need for mental well-being. This implies that mental health interventions and social policies should prioritize establishing safety as a foundation for other interventions (healthcare, social support, therapy). 7. Alternate Motivation Theories Alderfer's ERG Theory ERG theory offers a more flexible and dynamic model, allowing for overlapping needs and acknowledging that people often navigate back and forth between need levels based on circumstances -something Maslow hinted at but never emphasized as strongly. Alderfer (1969) proposed three core categories of needs: Existence, Relatedness, and Growth (ERG): Existence Needs (E) - covering basic material and physiological requirements (food, water, shelter, safety). Relatedness Needs (R) - focusing on personal development and self-fulfillment (parallels self-actualization). How It Compares to Maslow: Simultaneous vs. Sequential: Unlike Maslow's largely sequential framework, ERG theory posits that individuals can pursue multiple levels of needs at the same time. Frustration-Regression Hypothesis: If higher-level needs (Growth) are not met, people may refocus on lower-level (Existence or Relatedness) needs with renewed intensity, rather than simply stalling. Flexibility: Because ERG theory does not require that one need be "fully satisfied" before addressing another, it can accommodate cultural and personal variations more readily. Herzberg's Two-Factor Theory Herzberg's theory parallels Maslow's distinction between basic (deficiency) needs and growth (fulfillment) needs but emphasizes that satisfying lower needs only neutralizes dissatisfaction. True motivators. Hygiene Factors: Elements like salary, job security, and working conditions, which, if missing, cause dissatisfaction but do not necessarily motivate people when present. Motivators (Satisfiers): Factors such as recognition, responsibility, and personal growth, which genuinely drive motivation and satisfaction when they are fulfilled. How It Compares to Maslow: Overlap with Lower vs. Higher Needs: Hygiene factors resemble Maslow's lower-level needs (physiological and safety), while motivators align with higher-level needs (esteem, self-actualization). Importance of Elimination of Dissatisfaction: Herzberg argues that removing negative conditions (e.g., poor work environment) does not automatically result in motivation-workers need motivators for true engagement. whereas Maslow's model has broader applications, from education to personal development. Self-Determination Theory (Deci & Ryan) Deci and Ryan (1985) proposed that individuals have three fundamental psychological needs: Autonomy, Competence, and Relatedness: Autonomy, Competence, and Relatedness: Autonomy, Competence, and Ryan (1985) proposed that individuals have three fundamental psychological needs: Autonomy, Competence, and Relatedness: Autonomy, Competence, and Ryan (1985) proposed that individuals have three fundamental psychological needs: Autonomy, Competence, and Relatedness: Autonomy, Competence, and Ryan (1985) proposed that individuals have three fundamental psychological needs: Autonomy, Competence, and Relatedness: Autonomy, Competenc Feeling capable and effective in interacting with the environment. Relatedness: Feeling connected and supported by others. SDT shifts attention, suggesting that personal growth and well-being arise from the constant interplay of autonomy, competence, and relatedness—regardless of one's stage in a hierarchy. How It Compares to Maslow: Not Strictly Hierarchical: Deci and Ryan propose that humans continuously seek autonomy, competence, and relatedness; no single need must be fully addressed before another becomes important. Intrinsic Motivation Focus: Self-Determination Theory (SDT) spotlights how internal drives (e.g. uine interest, personal values) fuel learning, well-being, and performance, rather than prioritizing external factors like pay or status. Cross-Cultural Flexibility: SDT has been explored extensively across different cultures, suggesting these three needs are universal and can be pursued simultaneously, an idea that overlaps with and expands Maslow's "growth" dimensions. Summary of Comparisons Hierarchy vs. Overlap: Maslow mainly argued a loose progression (lower to higher needs). Alderfer and SDT allow multiple needs to coexist, granting greater flexibility. Herzberg splits conditions into hygiene factors (removing dissatisfaction). Deficiency vs. Growth: Maslow and Herzberg both highlight the difference between meeting basic needs (preventing dissatisfaction) and pursuing higher-level fulfillment. Alderfer's Growth and SDT's Competence/Autonomy similarly emphasize advanced, self-directed pursuits. Cultural & Individual Variations: Alderfer and SDT more explicitly account for individual and cultural differences in the order or prominence of needs. Maslow acknowledged flexibility but still proposed a somewhat universal pattern. Conclusion Maslow's theory differs from more purely physiological representations of human motivation because motivation is seen as being not just concerned with tension reduction and survival but also with human growth and development. While Maslow's work was indeed relatively informal and clinically descriptive, it did provide a rich source of ideas, and as such, a framework for discussing the richness and complexity of human motivation that goes beyond homeostatic models. McLeod, S. 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Why might these needs be important for individuals even before reaching self-actualization? In your opinion, how might cultural differences impact the prioritization of these needs? Provide a specific example from a non-Western culture. Critically evaluate whether Maslow's hierarchy accurately represents the complexity of human motivation based on what you've read. What are its strengths and weaknesses? Can you compare Maslow's theory with Alderfer's ERG theory or Self-Determination Theory? How does Maslow's model differ, and what implications does this have for understanding human motivation? How might you improve Maslow's theory to make it more universally applicable to different cultures. Maslow suggests self-actualization is rare, achievable by fewer than 2% of people. Do you agree with this? Why or why not? How might societal changes (like increased educational access or technological advancements) alter the likelihood of achieving self-actualization? Olivia Guy-Evans, MSc BSc (Hons) Psychology, MSc Psychology, Olivia Guy-Evans is a writer and associate editor for Simply Psychology. She has previously worked in healthcare and educational sectors. Saul McLeod, PhD Editor-in-Chief for Simply Psychology BSc (Hons) Psychology, MRes, PhD, University of Manchester Saul McLeod, PhD., is a gualified psychology teacher with over 18 years of experience in further and higher education. He has been published in peer-reviewed journals, including the Journal of Clinical Psychology. Carl Rogers (1902-1987) was a humanistic psychologist best known for his views on the therapeutic relationship and his theories of personal growth and self-actualization. Carl Rogers' humanistic theory focuses on the idea that people have an inherent tendency to realize their full potential when supported by an environment that provides unconditional positive regard. Rogers' work transformed psychotherapy by promoting a client-centered approach, where the therapist provides empathy, genuineness, and acceptance to help clients achieve personal development. Subjective Experiencce: Reality is perceived subjectively; each person's unique experience of the world shapes their behavior more than objective reality. Actualizing Tendency: Every individual has an inherent tendency to grow, develop, and fulfill their potential when the right conditions. Congruence: Well-being depends on congruence: a close match between an individual's self-image and their actual experiences. Incongruence (mismatch) leads to anxiety and inner conflict. Person-Centered Therapy: Effective therapy requires creating an environment of empathy, genuineness, and unconditional positive regard, allowing clients to explore and solve their own problems naturally. Carl Rogers' ideas were part of a broader movement known as the "Third Force" in psychology developed as a reaction against the deterministic psychoanalysis and the behavior-focused approach of Skinner's behaviorism. While these earlier schools emphasized unconscious drives or external conditioning, humanistic psychologists like Rogers and Abraham Maslow offered a more optimistic view, focusing on free will, personal growth, and the realization of individual potential. Rogers' emphasis on self-actualization and the innate goodness of people aligned closely with these humanistic ideals. His work helped establish humanistic psychology as a major alternative force in psychology, alongside psychoanalysis and behaviorism. What is Humanistic psychology is a perspective that emphasizes looking at the whole person and the uniqueness of each individual. Humanistic psychology is a perspective that emphasize looking at the whole person and the uniqueness of each individual. motivated to achieve their potential and self-actualize. In his influential 1951 book Client-Centered Therapy, Carl Rogers outlined a set of 19 propositions that form the foundation of his theory of personality and behavior. These propositions that form the foundation of his theory of personality and behavior. At the heart of Rogers' theory is the concept of the phenomenal field - the idea that each person lives in a constantly changing world of experiences that only they individual to satisfy their needs as they experience them in their own unique reality. Some key ideas from the 19 propositions include: Subjective experiences, rather than the experiences, rather than the experiences, rather than the experiences, rather than the experiences themselves, shapes their behavior and personality. The self-concept develops from experiences themselves, rather than the experiences themselves and reflections on experiences. self can become incongruent: When a person's actual experiences are denied or distorted to fit their self-concept, psychological distortion. Overall, the 19 propositions highlight Rogers' view that people are naturally motivated toward growth, self-understanding, and fulfillment when they exist in an environment that supports openness, acceptance, and authenticity. These theoretical ideas provided the backbone for Rogers' development of client-centered therapy and his broader contributions to humanistic psychology. Carl Rogers developed client-centered therapy, later renamed person-centered therapy, a non-directive therapeutic approach emphasizing personal growth and psychological wellbeing. This innovative method encourages clients to explore issues they find personally significant at their own pace, promoting greater self-acceptance and responsibility. By actively removing obstacles, client-centered therapy fosters an environment conducive to clients' natural development and realization of their human potential. Rogers' non-directive techniques focus on building a strong therapeutic alliance, empowering individuals to trust their inner compass rather than seeking external validation. Core Conditions for Therapeutic Change The core conditions are three essential attitudes that Carl Rogers (1959) believed that for a person to "grow", they need an environment that provides them with genuineness (openness and selfdisclosure), acceptance (being seen with unconditional positive regard), and empathy (being listened to and understood). 1. Unconditional Positive Regard: Acceptance of the client without judgment or conditions. The therapist shows complete support and acceptance of the client says, feels, or does. The client is valued as a human being, not based on their actions or behaviors. 2. Empathy: Deeply understanding the client's experience and feelings from their point of view. The therapist doesn't just intellectually "get it" — they emotionally connect with the client's experiences and reflect that understanding back to the client's experience and feelings from their point of view. validated. 3. Congruence (Genuineness): Being real, open, and authentic with the client. The therapist is not hiding behind a professional facade. Instead, they are genuine and transparent in their feelings and responses, modeling honesty and encouraging trust. therapeutic relationship, clients feel accepted, understood, and free to explore their thoughts and feelings without fear of judgment. This supportive environment fosters personal growth, self-acceptance, and movement toward self-acceptance, and movement toward self-acceptance. external approval over their authentic self-perceptions. Central to Rogers' personality theory is the notion of self or self-concept. This is the organized, consistent set of perceptions and beliefs about oneself. The self is our inner personality, and can be likened to the soul, or Freud's psyche. Two primary sources that influence our self-concept are childhood experiences and evaluation by others. The self-concept includes three distinct components: Self-worth: The value individuals place on themselves. Self-worth: The value individuals place on themselves. goals and ambitions. According to Rogers (1959), we want to feel, experience, and behave in ways consistent with our self-image and ideal self are to each other, the more consistent or congruent we are and the higher our sense of self-worth. Discrepancies between self-concept and reality can cause incongruence, leading to psychological tension and anxiety. A person is said to be in a state of incongruence if some of the totality of their experience is unacceptable to them and is denied or distorted in the self-image. evaluative aspect of self-concept, influenced by the individual's perceived successes, failures, and how they believe others view them. High self-esteem indicates a positive self-doubt and criticism. Rogers believed feelings of self-worth developed in early childhood and were formed from the interaction of the child with the mother and father. Self-image refers to individuals' mental representation of themselves, shaped by personal experiences and interactions with others. It's how people perceive their physical and personality traits, abilities, values, roles, and goals. It's their understanding of "who I am." How we see ourselves, which is important to good psychological health. Self-image includes the influence of our body image on our inner personality. At a simple level, we might perceive ourselves as a good or bad person, beautiful or ugly. Self-image can sometimes be distorted or based on inaccurate perceptions. In contrast, the real self includes self-awareness of who a person truly is. The real self represents a person's genuine current state, including their strengths, weaknesses, and areas where they might struggle. The ideal self is the version of oneself that an individual aspires to become. It includes all the goals, values, and traits a person deems ideal or desirable. It's their vision of "who I want to be." This is the person who we would like to be. It consists of our goals and ambitions in life, and is dynamic - i.e., forever changing. The ideal self in childhood is not the ideal self in childhoo psychological health. If the ideal self is unrealistic or there's a significant disparity between the real and ideal self, it can lead to incongruence, resulting in dissatisfaction, unhappiness, and even mental health issues. Therefore, as per Rogers, one of the goals of therapy is to help people bring their real self and ideal self into alignment, enhancing their

self-esteem and overall life satisfaction. Contributions He revolutionized psychotherapy by systematically recording therapy sessions, analyzing transcripts, and examining therapeutic outcomes. Rogers was pioneering in publishing complete case studies of psychotherapy, significantly advancing both theory and practice. His approach radically shifted traditional therapy dynamics by placing the client, rather than the therapist, at the center of the therapeutic process. Rogers emphasized, "the client knows what hurts, what experiences have been buried" (Rogers, 1961), underscoring his belief in the innate wisdom and potential of each individual. By focusing on the client's subjective experience and creating a supportive environment, Rogers began recording therapy sessions and analyzing transcripts to better understand the process of therapeutic change. These early studies provided some of the first systematic evidence that a non-directive, empathetic therapeutic style could lead to positive regard, a concepts. Studies on the therapeutic relationship have consistently found that key factors Rogers emphasized - such as empathy, unconditional positive regard, and therapist congruence - are among the strongest predictors of successful therapy outcomes across a wide range of therapeutic approaches (Norcross & Lambert, 2019). Positive Regard and Self Worth Carl Rogers (1951) viewed the child as having two basic needs: positive regard from other people and self-worth. How we think about ourselves and our feelings of self-worth are of fundamental importance to psychological health and the likelihood that we can achieve goals and ambitions in life and self-actualization. Self-worth may be seen as a continuum from very high to very low. To Carl Rogers (1959), a person with high self-worth, that is, has confidence and positive feelings about him or herself, faces challenges in life, accepts failure and unhappy at times, and is open with people. A person with low self-worth may avoid challenges in life, not accept that life can be painful and unhappy at times, and were formed from the interaction of the child with the mother and father. As a child grows older, interactions with significant others; we need to feel valued, respected, treated with affection and loved. Positive regard is to do with how other people evaluate and judge us in social interaction. Rogers made a distinction between unconditional positive regard and conditional positive regard. Unconditional positive regard is a concept in psychology introduced by Carl Rogers, a pioneer in client-centered therapy. accept and loves the person for what he or she is, and refrain from any judgment or criticism. Positive regard is not withdrawn if the person does something wrong or makes a mistake. Unconditional positive sense of self-worth and lead to better outcomes in adulthood. For example In therapy, it can substitute for any lack of unconditional positive regard the client may have experienced in childhood, and promote a healthier self-worth. The consequences of unconditional positive regard the client may have experienced in childhood, and promote a healthier self-worth. lead to getting it worse at times. People who are able to self-actualize are more likely to have received unconditional positive regard from others, especially their parents, in childhood. Examples of unconditional positive regard from others, especially their parents, in childhood. morally wrong or harmful to their health or well-being. The goal is not to validate or condone these behaviors, but to create a safe space for the client facilitates a positive and trusting relationship between the client and therapist, enabling the client to share openly and honestly. Limitations While simple to understand, practicing unconditional positive regard can be challenging, as it requires setting aside personal opinions, beliefs, and yalues. It has been criticized as potentially inauthentic, as it might require therapists to suppress their own feelings and judgments Critics also argue that it may not allow for the challenging of unhelpful behaviors or attitudes, which can be useful in some therapeutic approaches. Finally, some note a lack of empirical evidence supporting its effectiveness, though this is common for many humanistic psychological theories (Farber & Doolin, 2011). Conditional positive regard is a concept in psychology that refers to the expression of acceptance and approval by others (often parents or caregivers) only when an individual behaves in a certain acceptance is conditionally based on the individual's behaviors, attitudes, or views aligning with those expected or valued by the person giving the regard. According to Rogers, conditional positive regard in childhood can lead to conditions of worth in adulthood, where a person's self-esteem and self-worth may depend heavily on meeting certain standards or expectations. These conditions of worth can create a discrepancy between a person's real self and ideal self, possibly leading to incongruence and psychological distress. For example Conditional positive regard, praise, and approval, depend upon the child, for example, behaving in ways that the parents think correct. Hence the child is not loved for the person he or she behaves only in ways approved by the parent(s). For example, if parents only show love and approval when a child gets good grades or behaves in ways they approve, the child may grow up believing they are only worthy of love and positive regard when they meet certain standards. This may hinder the development of their true self and could contribute to struggles with self-esteem and self-acceptance. At the extreme, a person who constantly seeks approval from other people is likely only to have experienced conditional positive regard as a child. Congruence & Incongruence & Incongruence and self may not be consistent with what actually happens in life and the experienced conditional positive regard as a child. between a person's ideal self and actual experience. This is called incongruence exists. Rarely, if ever, does a total state of congruence exist; all people experience ac exist; all people experience ac exist. unconditional positive regard. Carl Rogers believed that for a person to achieve self-actualization, they must be in a state of congruence. According to Rogers, we want to feel, experience, and behave in ways which are consistent with our self-image and ideal-self. are to each other, the more consistent or congruent we are and the higher our sense of self-worth. A person is said to be in a state of incongruence if some of the totality of their experience is unacceptable to them and is denied or distorted in the self-image. incongruence. Incongruence is a discrepancy between the actual experience of the organism and the self-picture of the individual insofar as it represents that experience. As we prefer to see ourselves in ways that are consistent with our self-image, we may use defense mechanisms like denial or represents that experience. As we prefer to see ourselves in ways that are consistent with our self-image, we may use what we consider to be our undesirable feelings. A person whose self-concept is incongruent with her or his real feelings and experiences will defend himself because the truth hurts. Self Actualization The organism has one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism (Rogers, 1951, p. 487). Rogers rejected the deterministic nature of both psychoanalysis and behaviorism and maintained that we behave as we do because of the way we perceive, we are the best experts on ourselves." Carl Rogers (1959) believed that humans have one basic motive, which is the tendency to self-actualize i.e., to fulfill one's potential and achieve the highest level of "human-beingness" we can. According to Rogers, people could only self-regard). This can only happen if they had a positive regard from others - if they feel that they are valued and respected without reservation by those around them (especially their parents when they were children). Self-actualization is only possible if there is a large gap between the way an individual sees themselves and their ideal self (the way they want to be or think they should be). If there is a large gap between these two concepts, negative feelings of self-worth will arise that will make it impossible for self-actualization to take place. The environment a person is exposed to and interacts with can either frustrate or assist this natural destiny. If it is favorable, it will grow to its full potential if the conditions are right, but which is constrained by its environment, so people will flourish and reach their potential if their environment is good enough. However, unlike a flower, the potential of the individual human is unique, and we are meant to develop in different ways according to our personality. Rogers believed that people are inherently good and creative. They become destructive only when a poor self-concept or external constraints override the valuing process. Carl Rogers believed that for a person to achieve self-actualization, they must be in a state of congruence. This means that self-actualization occurs when a person's "ideal self" (i.e., who they would like to be) is congruent with their actual behavior (self-image). Rogers describes an individual who is actualizing as a fully functioning person. The main determinant of whether we will become self-actualized is childhood experience. The Fully Functioning Person Rogers believed that every person could achieve their goals, wishes, and desires in life. When, or rather if they did so, self-actualization took place. This was one of Carl Rogers most important contributions to psychology, and for a person to reach their potential a number of factors must be satisfied. Open to experience: both positive and negative feelings are not denied, but worked through (rather than resorting to ego defense mechanisms). Existential living: in touch with different experiences as they occur in life, avoiding prejudging and preconceptions. Being able to live and fully appreciate the present, not always looking back to the past or forward to the future (i.e., living for the moment). Trust feelings: feeling, instincts, and gut-reactions are paid attention to and trusted. People's own decisions are the right ones, and we should trust ourselves to make the right choices. Creativity: creative thinking and risk-taking are features of a person's life. A person does not play safe all the time. This involves the ability to adjust and change and seek new experiences. Fulfilled life: a person is happy and satisfied with life, and always looking for new challenges and experiences. Rogers believed that every person could achieve their goal. This means that the person is in touch with the here and now, his or her subjective experiences and feelings, continually growing and changing. For Rogers, fully functioning people are well-adjusted, well-balanced, and interesting to know. Often such people are high achievers in society. In many ways, Rogers regarded the fully functioning person as an ideal and one that people do not ultimately achieve. It is wrong to think of this as an end or completion of life's journey; rather it is a process of always becoming and changing. Critics claim that the fully functioning person is a product of Western cultures, such as Eastern the achievement of the group is valued more highly than the achievement of any one person. Applications Beyond Therapy Carl Rogers' humanistic principles have had a significant influence beyond the field of psychotherapy, shaping practices in education, leadership, communication, and conflict resolution. In education, Rogers' ideas about personal growth and self-directed learning led to the development of student-centered learning models. In his book Freedom to Learn (1969), Rogers emphasized the importance of creating educational environments where students feel respected, valued, and free to pursue their own interests. He advocated for a shift away from traditional, teacher-centered instruction toward more personalized, experiential learning approaches. Educational research building on Rogers' theories has shown that student-centered classrooms, where learners have more autonomy and collaborative opportunities, can enhance motivation, creativity, and academic achievement (Rogers, 1969). Rogers' influence also extends into communication and conflict resolution. His emphasis on empathetic listening and valuing others' perspectives inspired the Rogerian argumentation focuses on finding common ground and understanding opposing viewpoints to reach mutually beneficial solutions. This communication style is now widely taught in writing courses and negotiation training programs as an effective strategy for promoting empathy, reducing conflict, and leadership, Rogers' belief in the individual's capacity for growth and understanding continues to shape a wide range of fields, demonstrating the enduring relevance of his humanistic philosophy. Critical Evaluation of Carl Rogers' Theory Strengths Rogers emphasized personal growth, self-deterministic views of Freud and behaviorists. His emphasis on empathy, unconditional positive regard, and authenticity profoundly changed psychotherapy, making it more client-centered and relational — influences that remain today across many types of therapy. Rogers' ideas shaped education (student-centered and relational — influences that remain today across many types of therapy. Rogers' ideas shaped education (student-centered learning), leadership, communication skills, and even conflict resolution strategies (like Rogerian argument). Research into the therapeutic relationship (e.g., Norcross & Lambert, 2019) confirms that empathy, warmth, and congruence predict positive outcomes across many different therapy models, supporting Rogers' emphasis. By centering therapy on the client's internal world, Rogers helped shift psychology's focus toward understanding people's lived experiences, a foundation for modern humanistic and positive psychology. Criticisms and Limitations Critics argue that Rogers' theory is difficult to test empirically. Concepts like "self-actualization" and "unconditional positive regard" are abstract and hard to measure objectively. Rogers assumed that people will naturally grow toward good, healthy outcomes if conditions are right. Critics argue this may underestimate the complexity of human aggression, selfishness, and destructiveness. His theory is based largely on Western, individualistic values (self-growth, autonomy, personal achievement) and may not apply as well to collectivist cultures, where community and family harmony are prioritized over individual goals. Rogers focused heavily on the individual's inner experience, sometimes downplaying the impact of social, cultural, and economic environments on personal development. While person-centered therapy is effective for mild to moderate issues (like anxiety and relationship problems), if may be less effective for more severe psychological disorders (e.g., schizophrenia) where more structured interventions are sometimes needed. Biography Carl Rogers (1902-1987) was an influential American psychologist whose work fundamentally reshaped modern psycho an early academic focus on agriculture and theology before shifting to psychology. After initially enrolling at the Union Theological Seminary in New York, Rogers experienced a growing interest in understanding human behavior outside of strictly religious frameworks. This shift led him to pursue a Ph.D. in clinical psychology at Columbia University. Rogers' early career had a profound impact on the development of his ideas. While working at the Society for the Prevention of Cruelty to Children. Through this work, Rogers realized that effective therapy depended more on creating a supportive environment than on directing or diagnosing clients. He began to see the importance of empathy, acceptance, and authenticity in helping individuals heal and grow, laying the foundation for what would become client-centered therapy. Rogers focuses on the present feelings and personal growth, whereas Freudian psychoanalysis delves into unconscious conflicts from the past. In 1940, Rogers became a professor at Ohio State University, where he introduced his non-directive approach to therapy—an approach to therapy (1951), formally presented these ideas to the wider psychological community. Rogers continued to refine his theories while conducting research at the University of Chicago, where he worked extensively on understanding the conditions that facilitate personal growth and change. Later in his career, Rogers published On Becoming a Person (1961), a collection of essays that further explored his views on therapy, personal development, and the pursuit of the "good life." His work at institutions like the University of Wisconsin-Madison and his leadership in the humanistic psychology. Rogers' belief in the individual's innate potential for growth continues to inspire counseling practices, educational methods, and leadership approaches worldwide. In recognition of his groundbreaking contributions to Psychology from the American Psychology, Carl Rogers received the Award for Distinguished Professional Contributions to Psychology from the American Psychology from the American Psychology form the Ame acknowledged; in a study by Steven J. Haggbloom and colleagues that evaluated psychologists based on factors such as citations, eminente psychologist of the 20th century and the second most influential clinical psychologist, following only Sigmund Freud. Additionally, a 1982a. survey of U.S. and Canadian psychologists found that Rogers was considered the most influential psychotherapist in history, ranking even higher than Freud, who placed third. Carl Rogers Quotes The very essence of the creative is its novelty, and hence we have no standard by which to judge it. (Rogers, 1961, p. 351) I have gradually come to one negative conclusion about the good life. It seems to me that the good life is not any fixed state. It is not, in my estimation, a state of virtue, or contentment, or nirvana, or happiness. It is not a state of drive-reduction, or tension-reduction, or tension-redu homeostasis. (Rogers, 1967, p. 185-186) The good life is a process, not a state of being. It is a direction not a destination. (Rogers, 1967, p. 187) Unconditional positive, abnormal feelings as for his expression of 'good', positive, abnormal feelings as for his expression of mature, confident, social feelings, as much acceptance of ways in which he is inconsistent as of ways in which he is consistent. It means a caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist's own needs. It means a caring for the client as a separate person, with permission to have his own feelings, his own experiences' (Rogers, 1957, p. 225) Carl Rogers' humanistic approach differed from other psychological theories of his time by emphasizing the importance of the individual's subjective experience and self-perception. Unlike behaviorism, which focused on observable behaviors, and psychoanalysis, which emphasized the unconscious mind, Rogers believed in the innate potential for personal growth and self-actualization. His approach emphasized empathy, unconditional positive regard, and genuineness in therapeutic relationships, aiming to create a supportive and non-judgmental environment where individuals could explore and develop their true selves. Rogers' humanistic approach placed the individual's subjective experience at the forefront, prioritizing their unique perspective and personal agency. Critics of Carl Rogers' humanistic approach to psychology argue that it lacks scientific rigor and self-perception may lead to biased interpretations and unreliable findings. Additionally, critics argue that Rogers' approach may overlook the influence of external factors, such as social and cultural contexts, on human behavior and development. Critics also question the universal applicability of Rogers' theories, suggesting that they may be more relevant to certain cultural or individual contexts than others. Carl Rogers' humanistic approach has had a significant impact beyond psychology, influencing various areas such as counseling, his emphasis on empathy, unconditional positive regard, and active listening has shaped person-centered therapy and other therapeutic approaches. In education, Rogers' ideas have influenced student-centered learning, fostering a more supportive and individualized approach to teaching. His humanistic principles have also been applied in leadership development, promoting empathetic and empowering leadership styles. Moreover, Rogers' emphasis or authentic communication and understanding has influenced interpersonal relationships, promoting empathy, respect, and mutual growth. Carl Rogers' humanistic approach maintains relevance in modern psychology by emphasizing the importance of individual agency, personal growth, and the therapeutic relationship. It continues to inform person centered therapy and other humanistic therapeutic modalities. Rogers' focus on empathy, acceptance, and authenticity resonates with contemporary approaches that prioritize the client's subjective experience and self-determination. Additionally, his ideas on the role of positive regard and the creation of a safe, non-judgmental environment have implications for various domains, including counseling, education, and interpersonal relationships. 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It emphasizes free will, self-actualization, and the importance of a supportive environment for psychological well-being. Pioneered by figures like Carl Rogers and Abraham Maslow, it encourages understanding people as whole, unique individuals, striving to reach their fullest potential. Fritz Perls (1940s-1950s): Developed Gestalt Therapy, emphasizing holistic self-awareness and personal responsibility, often associated with humanistic approaches. Abraham Maslow (1943): Developed the hierarchical theory of human motivation, famously known as Maslow's Hierarchy of Needs, highlighting self-actualization as the ultimate psychological need. Carl Rogers (1946): Introduced client-centered therapy), emphasizing empathy, unconditional positive regard, and congruence as crucial therapeutic elements. Rollo May (1950s-1960s): Known for integrating existential philosophy into psychology, contributing significantly to existential-humanistic psychology by focusing on meaning, anxiety, and human freedom. Abraham Maslow and Clark Moustakas (1957-1958): Facilitated key gatherings among psychologists interested in establishing a professional community focused on humanistic values, leading to the formation of humanistic psychology as a distinct approach. Association for Humanistic Psychology (1962): Officially founded at Brandeis University, this association provided an institutional platform for promoting humanistic Psychology (1961): Launched as a dedicated academic journal, it became a sig research and theories grounded in humanistic principles. The humanistic approach in psychology developed as a rebellion against what some psychology. The humanistic approach is thus often called the "third force" in psychology after psychology and behaviorism (Maslow 1968). Humanism rejected the assumptions of the behaviorist perspective which is characterized as deterministic, focused on reinforcement of stimulus-response behavior and heavily dependent on animal research. Humanistic psychology rejected the p forces determining human thought and behavior. Both behaviorism and psychoanalysis are regarded as dehumanizing by humanistic psychologists. Humanistic psychologists. Humanistic psychologists. Humanistic psychologists. Humanistic psychologists are regarded as dehumanizing by humanistic psychologists. understanding of human nature and the human condition. It offered an expanded horizon of methods of inquiry in the study of human behavior. It offered a broader range of more effective methods in the professional practice of psychotherapy. Personal agency is the humanistic term for the exercise of free will. Free will is the idea that people can make choices in how they act and are self-determining. Behavior is not constrained by either past experience of the individual or current circumstances. Individuals are free to choose when they are congruent (Rogers) or self-actualized (Maslow). Although Rogers believes much more in free will, he acknowledges that determinism are integral to some extent in the humanistic perspective. Humanistic psychology: a more recent development in the history of psychology, humanistic psychology grew out of the need for a more positive view of human beings than was offered by psychoanalysis or behaviorism. Humans are innately good, which means there is nothing inherently negative or evil about them (humans). In this way the humanistic perspective takes an optimistic view of human nature that humans are born good but during their process of growth they might turn evil. The humanistic approach emphasizes the individual's personal worth, the centrality of human beings. The approach is optimistic and focuses on the noble human capacity to overcome hardship, pain and despair. Major humanistic psychologists such as Carl Rogers and Abraham Maslow believed that human beings were born with the desire to grow, create and to love, and had the power to direct their own lives. Self-actualization refers to reaching one's fullest psychological potential, achieving deep fulfillment, and experiencing genuine satisfaction and meaning in life. Rogers and Maslow both viewed personal growth and self-fulfillment as fundamental human motivations, yet they proposed distinct pathways toward achieving self-actualization. Maslow emphasized a structured progression toward self-actualization. such as food, water, and safety must first be satisfied. Subsequently, higher-order psychological and emotional needs, such as belongingness, creativity, and fulfillment that occur when an individual fully realizes their potential. Rogers described self-actualization differently, focusing primarily on achieving congruence between one's actual self (self-concept) and ideal self. For Rogers, self-actualization requires individuals to develop a consistently positive regard from others, especially from significant caregivers during childhood. Unconditional positive regard means being valued, accepted, and respected by others without any conditions or reservations. Rogers also introduced the notion of the fully functioning person, who continuously moves toward self-actualization by remaining open to experience, embracing life fully, trusting themselves, and living authentically. Achieving congruence is crucial; when there is significant inconsistency between how an individual perceives themselves and their ideal self, feelings of inadequacy and diminished self-worth can arise, making self-actualization challenging or impossible. Furthermore, Rogers and Maslow agreed that environmental factors significantly influence the journey toward self-actualization. An environment that is supportive, affirming, and conducive to growth greatly facilitates self-actualization, while an oppressive or restrictive environment can hinder or frustrate this natural developmental process. Humanistic psychologists also believe that the most fundamental aspect of being human is a subjective experience. This may not be an accurate reflection of the real world, but a person can only act in terms of their own private experience. This may not be an accurate reflection of the real world, but a person can only act in terms of their own private experience subjective perception of the real world. (phenomenological) perception and understanding of the world. Thus, how people interpret things internally is (for them), the only reality. Sometimes the humanistic approach is called phenomenological. This means that personality is studied from the point of view of the individual's subjective experience. Meaning is the purpose or value that a person attaches to their actions or experiences According to Rogers, we each live in a world of our own creation, formed by our processes of perception. He referred to an individual's unique perception of reality as his or her phenomenal field. As Rogers once said, "The only reality I can possibly know is the world as I perceive and experience it at this particular moment. The only reality you can possibly know is the world as you perceive and experience at this moment. And the only certainty is that those perceived realities are different. There are as many 'real worlds' as there are people! (Rogers, 1980, p. 102). For Rogers, the focus of psychology is not behavior (Skinner), the unconscious (Freud), thinking (Piaget), or the human brain but how individuals perceive and interpret events. Rogers is therefore important because he redirected psychology toward the self. Humanistic theorists say these individual subjective realities must be looked at as a whole and meaningful and not broken down into small components of information that are disjointed or fragmented like with psychodynamic theorists. Rogers said that if these individual perceptions of reality are not kept intact and are divided into elements of thought, they will lose their meaning. Second, they must be conscious experiences of the here and now. No efforts should be made to retrieve unconscious experiences from the past. Phenomenenological means 'that which appears' and in this case, it means that which appears' and in this case, it means that which appears' and in this case. introspection. Introspection is the careful searching of one's inner subjective experiences. Rogers and Maslow placed little value on scientific psychology, especially the use of the psychology laboratory to investigate both human and animal behavior. Rogers said that objective scientific inquiry based on deterministic assumptions about humans has a place in the study of humans (science) but is limited in the sense that it leaves out inner human experiences (phenomenology). Studying a person's subjective experience is the biggest problem for scientific psychology, which stresses the need for its subjective experience is the biggest problem. such processes. Humanism rejects scientific methodology like experiments and typically uses qualitative research methods. For example, diary accounts, open-ended questionnaires, unstructured interviews, and observations. Qualitative research is useful for studies at the individual level, and to find out, in-depth, the ways in which people think or feel (e.g. case studies). The way to really understand other people is to sit down and talk with them, share their experiences, and be open to their feelings. Humanism views humans as fundamentally different from other animals, mainly because humans are conscious beings capable of thought, reason, and language. For humanistic psychologists' research on animals, such as rats, pigeons, or monkeys held little value. Research on such animals can tell us, so they argued, very little about human thought, behavior, and experience. Practical Applications The humanistic approaches, has made meaningful contributions. to therapy, mental health treatment, motivation, education, and personality theory. Notably, humanistic psychology emphasizes personal growth, self-awareness, and fulfillment. Personality theory is the concept of the self, or self-concept, defined as "the organized, consistent set of perceptions and beliefs about oneself." The self, in humanistic psychology, represents who we genuinely are at our core, akin to an inner personality or essence, similar in function to Freud's psyche. Our self-concept develops through our life experiences and how we interpret these experiences and how we interpret these experiences. Two major influences shaping our self-concept develops through our life experiences and how we interpret these experiences. how we are evaluated or perceived by others. Rogers (1959) explained that individuals strive to experience life and behave in ways that align closely with their self-image (how they currently view themselves) and their ideal-self (who they aspire to become). The greater the alignment or congruence between these two perceptions, the higher the individual's self-worth and psychological health. Conversely, when a discrepancy arises between self-image and ideal-self, a state of incongruence typically originates from internalizing external conditions of worth, often imposed during childhood. As individuals deviate from fully accepting and integrating all their authentic experiences into their self-concept, their sense of being a unified and whole person diminishes. Consequently, various aspects of the self may feel threatened or distorted by specific experiences, contributing to psychological distress. The humanistic approach emphasizes that each person's self-concept is uniquely personal, comprising three primary components: Self-worth Self-worth (or self-esteem) refers to how individuals value themselves. Rogers emphasized that feelings of self-image pertains to how individuals perceive themselves, which strongly influences psychological well-being. This perception includes both physical appearance (body image) and inner personal characteristics. An individual's self-image profoundly affects their thoughts, emotions, ambitions, ambitions and the person one strives to become. This component is inherently dynamic and evolves continually throughout different life stages, reflecting changing goals, values, and experiences as individuals grow and mature. Therapy Client-centered therapy, pioneered by Carl Rogers, is extensively utilized in various fields, including healthcare, social work, and corporate settings. This therapeutic approach significantly improves individuals' quality of life by enabling them to address and overcome personal and emotional challenges. Central to humanistic therapies is the belief that psychological difficulties often arise from self-deception or incongruence between one's self-image and ideal self. Humanistic therapists aim to help clients develop greater insight, accurate self-perception, and self-acceptance. The primary goal of humanistic therapies, such as client-centered therapy specifically seeks to enhance clients self-worth and reduce the gap between their actual self-concept and their ideal self. This therapy is characterized as non-directive, empowering clients to explore and find their own solutions within a supportive, accepting environment that offers unconditional positive regard. Unlike psychoanalysis, which frequently emphasizes past experiences client-centered therapy places a strong emphasis on present experiences and current self-perceptions. Education In education, Carl Rogers viewed traditional schools as rigid and resistant to meaningful change. He advocated for a 'student-centered learning' approach, encouraging learners to actively participate in setting their learning agendas and current self-perceptions. goals. He was critical of traditional testing methods, asserting: "I believe that the testing of the student's achievements in order to see if he meets some criterion held by the teacher, is directly contrary to the implications of therapy for significant learning." where students have greater autonomy over their educational experiences. They are free to decide what and how they study, with teachers acting primarily as facilitators who support students' individual learning paths. An illustrative example of humanistic education in practice is the Summerhill School in the UK, founded by A.S. Neill. At Summerhill, students benefit from a clear yet flexible structure where they have the freedom to choose subjects and learning materials. This environment promotes creativity, self-direction, responsibility, and tolerance among students, demonstrating the practical effectiveness of applying humanistic principles in education. Unlike reductionist approaches such as behaviorism, which isolates behavior into stimulus-response units, or psychoanalysis, which focuses mainly on unconscious drives, humanistic psychology sees the person as a whole. This is reflected in therapeutic methods like person-centered therapy, which explore the client's experience from multiple dimensions -emotions thoughts, relationships, and self-concept - rather than treating symptoms in isolation. This aligns with Maslow's theory of the hierarchy of needs, which considers multiple levels of human motivation. This holistic emphasis results in a positive consequence: it allows therapists and practitioners to tailor interventions more personally and compassionately, increasing client engagement and satisfaction. It also broadens psychology's focus beyond illness, promoting wellbeing and treating specific mental disorders due to its broad scope. Humanistic psychologists like Carl Rogers and Abraham Maslow emphasized that individuals are not passive products of their environment or unconscious drives but active agents capable of self-determination and change. This is central to theories such as Rogers' concept of the actualizing tendency, the innate drive toward growth, fulfillment, and psychological congruence. This yields a positive consequence: it fosters empowerment and optimism in therapeutic settings, helping clients take control of their lives and foster resilience. It also supports progressive views in education and counseling by promoting autonomy and intrinsic motivation. However, it may oversimplify the complexity of human motivation by underplaying structural, social, and unconscious influences. Client-centered therapy, developed by Carl Rogers, relies on creating a non-judgmental, empathetic, and accepting environment where clients feel safe to explore their feelings and beliefs. Research suggests that the therapeutic relationship is a major factor in positive outcomes, and humanistic therapy's emphasis on unconditional positive regard and empathy directly supports this. The positive consequence is that this approach has demonstrably improved therapeutic rapport and client outcomes in cases involving self-esteem, anxiety, and identity crises. However, its less structured nature can limit its utility for more severe mental health conditions requiring directive or symptom focused intervention. Humanistic psychology emphasizes individual autonomy, self-awareness, and personal empowerment. By advocating for client-centered approaches, this perspective has reshaped therapy into a collaborative process, significantly reducing the stigma surrounding mental health treatments. Clients are now viewed as active participants in their recovery rather than passive recipients of treatment. As a result, therapeutic practices today prioritize giving clients greater control and involvement in their treatment plans, promoting openness and acceptance, and leading to more personalized and effective outcomes. Limitations Humanistic concepts such as self-actualization congruence, and the actualizing tendency are deeply subjective and difficult to operationalize or measure. While Rogers attempted to bring some objectivity through tools like the Q-sort, the field largely relies on introspective and qualitative methods like case studies and self-reports, which are not easily replicable or falsifiable – criteria essential for scientific validation. This has negative consequences: it undermines the approach's credibility within academic psychology and limits its integration into evidence-based practice. Consequently, funding, research, and institutional support for humanistic methods remain limited compared to cognitive-behavioral approaches that emphasize measurable outcomes. Core principles of the approach - such as autonomy, individual fulfillment, and self-actualization—are deeply rooted in Western ideologies. In collectivist cultures, where interdependence, social harmony, and familial duty are more central, the emphasis on the individual's personal growth may seem alien or even selfish. This has negative implications: the effectiveness of humanistic therapy may diminish in non-Western contexts, making it less applicable on a global scale. It also raises ethical concerns about imposing culturally biased models of mental health, suggesting that a more culturally adaptive or emic approach may be necessary. Humanistic psychology assumes an inherently positive view of human nature - that people strive toward growth and fulfillment. However, this outlook struggles to explain or address behavior challenge the assumption that humans naturally gravitate toward goodness. This produces negative consequences: it can render the approach naïve or insufficient when dealing with darker aspects of human psychology, potentially leading to therapeutic blind spots. It may also neglect the need for confronting or managing harmful behaviors directly, particularly in forensic or high-risk clinical settings. While effective for personal growth and moderate psychological issues, the non-directive nature of humanistic therapy makes it less suited to severe conditions such as schizophrenia, bipolar disorder, or chronic depression. These disorders often require structured, evidence-based interventions such as medication or cognitive-behavioral techniques, which directly target symptoms and cognitive distortions. The negative outcome is that humanistic therapy has limited utility in clinical settings where symptom reduction and behavioral management are essential. This confines its relevance mostly to milder conditions, coaching, or supportive counseling, limiting its application in mainstream clinical psychology. Issues and Debates Humanistic psychology uniquely emphasizes the concept of free will, suggesting individuals have the autonomy and capability to make conscious choices that shape their lives. However, this stance is nuanced. On one hand, it strongly advocates for human freedom and personal agency. Yet, on the other hand, it recognizes that external influences particularly how others treat us and whether we receive unconditional positive regard and respect, significantly affect our behavior and self-perception. Thus, the humanistic approach presents a balanced view, integrating personal autonomy with external influences. nurture in shaping human behavior and experiences. It recognizes the innate biological drives and psychological needs highlighted by Maslow's hierarchy (nature), as well as the profound impact of personal experiences and the environment in shaping perception, behavior, and self-concept (nurture). focuses on understanding individuals as whole, integrated beings rather than breaking down human behavior into smaller, isolated components. This holistic approach maintains that behaviors, experiences, and perceptions must be viewed within the broader context of the individual's life and environment. The humanistic approach is idiographic, emphasizing the uniqueness of each individual rather than seeking to establish universal laws that apply broadly across populations. Humanistic psychology values personalized exploration of experiences, behaviors, and motivations, aiming to understand the distinct qualities that define each person's individual journey. Due to its emphasis on individual uniqueness and subjective experience, the humanistic approach typically avoids traditional scientific methodologies, which rely on standardized measurement and quantification. Instead, it favors qualitative methods such as personal narratives, case studies, and open-ended interviews, believing these approaches more effectively capture the complexity and depth of human experiences. References Maslow, A. H. (1943). A Theory of Human Motivation. Psychologist, 1, 415-422. Maslow, A. H. (1968). Toward a psychology of being (2nd ed.). New York: D. Van Nostrand Rogers, C. R. (1946). Significant aspects of client-centered therapy. American Psychologist 1, 415-422. Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships as developed in the social context. New York: McGraw Hill. Olivia Guy-Evans, MSc BSc (Hons) Psychology, MSc Psychology, MSc Psychology of Education Associate Editor for Simply Psychology BSc (Hons) Psychology BSc (Hons) Psychology, MRes, PhD, University of Manchester Saul McLeod, PhD., is a qualified psychology teacher with over 18 years of experience in further and higher education. He has been published in peer-reviewed journals, including the Journal of Clinical Psychology. Both Jean Piaget and Erik Erikson were influential developmental psychologists who proposed stage theories to explain how children grow and mature. Focus: Piaget focused on how children think, reason, and understand the world, while Erikson's theory is concerned with how social relationships shape personality and identity. the specific nature and timing of those stages. Nature of Development: Piaget saw development shaped by biological maturation and experience, while Erikson emphasized social relationships and cultural influences. Role of Conflict: Piaget sees cognitive conflict (disequilibrium) as a driver for development. Erikson views psychosocial crises as essential for personal growth and identity formation. Timespan: Piaget focused primarily on childhood and adolescence, while Erikson's theory encompasses the entire lifespan. End Goal: Piaget's ultimate goal was the achievement of formal operational thinking (abstract reasoning), while Erikson's was the development of a healthy, integrated personality. Learning: Piaget emphasized learning through active discovery and interactions with the environment, while Erikson focused on learning through their interactions with the environment and others Piaget: Cognitive development - how children think, reason, and understand the world. Erikson: Psychosocial development - how social relationships shape personality and identity. Piaget dedicated his research to understanding cognitive development, which encompasses how children think, reason, and make sense of the world around them. Piaget meticulously investigated how children construct their knowledge through their interactions with the physical environment. His theory focuses on the development of stages marked by qualitative shifts in their thinking abilities. His work delved into processes like: Assimilation: Integrating new information. Equilibration: Balancing assimilation and accommodation to maintain a state of cognitive harmony Piaget's research sought to elucidate how these processes drive cognitive growth as children actively build their understanding of the world. In contrast, Erikson centered his work on psychosocial development, exploring how social interactions and cultural influences shape personality and identity formation throughout the lifespan. He argued that these crises stem from the interplay between an individual's psychological needs and the demands of society. Erikson posited that how individuals resolve these crises significantly shapes their personality and sense of identity. For instance, successfully navigating the "Trust vs. Mistrust" stage in infancy lays the foundation for secure attachment and the ability to form trusting relationships later in life. Erikson emphasized that the successful resolution of each crisis hinges upon an individual's social interactions, cultural influences significantly impact how individuals navigate these psychosocial challenges. Piaget's cognitive theory offers a detailed framework for understanding the developmental milestones children achieve in their thinking and reasoning abilities. Erikson's psychosocial theory sheds light on the social and emotional challenges individuals grapple with throughout their lives and how these experiences contribute to their personality development and overall sense of well-being. Piaget: Childhood through adolescence (0-15+ years) Erikson: Entire lifespan (birth to death) A fundamental distinction between Piaget's and Erikson's theories lies in the timespan they cover. Piaget being in the timespan they cover. nating in the formal operational stage, which he believed marked the achievement of mature, abstract reasoning abilities. Once individuals reach this stage, Piaget believed their cognitive development was largely complete. Erikson, however, extended his theory across the entire lifespan, proposing eight stages that span from infancy to old age (65+ years). His theory suggests that development is an ongoing process, with each stage presenting unique challenges and opportunities for growth. The contrast in their views of adolescence particularly highlights this difference. Plaget saw adolescence as the pinnacle of cognitive development, marked by the achievement of rational and logical thinking abilities. For Erikson, adolescence represented just one significant period of psychosocial development among many, characterized by the search for identity and the struggle for autonomy. Erikson's emphasis on lifelong development among many, characterized by the search for identity are supple with generativity versus stagnation, focusing on contributing to society and leaving a lasting legacy. Later in life, they confront the crisis of integrity versus despair, reflecting on their lives and seeking a sense of meaning and fulfillment. These later stages demonstrate Erikson's belief that personal growth and development continue throughout the entire lifespan, rather than concluding in adolescence. Piaget: Universal cognitive stages driven by biological maturation. Erikson: Psychosocial stages influenced by cultural and social factors. Piaget and Erikson presented fundamentally different perspectives on human development. significantly in their understanding of what drives human development and how it unfolds. Piaget emphasized the role of biological maturation and interaction with the physical environment as the primary drivers of development. His theory of cognitive development. building on previous cognitive abilities. This progression is primarily driven by biological maturation, as children's cognitive abilities unfold naturally as their brains develop. Piaget stressed the importance of children's active engagement with their physical environment. Through exploration and experimentation, children develop and refine their understanding of the world. This interaction is crucial for cognitive development. In Piaget's framework, development occurs through the resolution of cognitive conflicts: When children encounter new information that challenges their existing understanding (schemas), they experience cognitive disequilibrium. Resolution occurs through two processes: Assimilation: Integrating new information into existing schemas to fit new information. To resolve this conflict, the child must accommodate their schema of "bird" to include flightless birds. Erikson's theory emphasizes the crucial role of social relationships and cultural contexts in shaping development. His psychosocial theory posits that individuals face a series of developmental challenges throughout their lives, with development being heavily influenced by social and cultural factors. While Erikson acknowledged that the sequence of psychosocial stages is predetermined, he argued that how individuals navigate these stages varies significantly based on: Erikson's theory emphasized psychosocial crises that stem from the individual's evolving sense of self in relation to the social world. Each developmental stage presents a unique crisis or challenge These crises arise from the tension between individual psychological needs and societal demands The resolution of each crisis shapes personality and identity For example, during adolescence, individuals face the crisis of "Identity vs. Role Confusion," where they must explore different roles and values to develop a coherent sense of self within their cultural context. Piaget: Formal operational (logical) thinking and abstract reasoning. Erikson: Resolution of psychosocial conflicts and development. Essentially, Piaget's theory defines success in terms of cognitive abilities, while Erikson focuses on psychosocial well-being and a sense of fulfillment across the lifespan. Piaget believed that cognitive development culminated in the formal operational stage, typically reached during adolescence. This stage is marked by the ability to think abstractly, reason hypothetically, and engage in systematic problem-solving. Piaget considered this stage the pinnacle of cognitive development, as it enables individuals to understand complex concepts, consider multiple perspectives, and engage in scientific reasoning. Reaching this stage, for Piaget, represented successful cognitive development. Erikson, however, proposed a broader goal for development end a sense of satisfaction with one's life. He argued that this is achieved through the successful resolution of eight psychosocial crises that individuals encounter across their lifespan. Each stage presents a unique challenge related to social interactions and identity formation. self. For example, successfully navigating the "Trust vs, Mistrust" stage in infancy leads to the virtue of hope and a fundamental sense of trust in others, setting the stage for healthy relationships later in life. Both Piaget and Erikson viewed children as active learners who play a crucial role in their development. Their theories have had a profound impact on educational practices, emphasizing the importance of developmentally appropriate activities and active learning process. However, they differed in their perspectives on how this active learning through interaction with the physical environment, while Erikson highlights the crucial influence of social relationships and cultural contexts on learning and development. Piaget believed that children learn best through active exploration and discovery. He saw children as "little scientists" who constantly experiment with their surroundings to construct their understanding of the world. The environment provides opportunities for children to encounter new experiences and challenge their existing schemas, leading to cognitive growth. Piaget's theory emphasizes the importance of providing children with rich and stimulating environments that allow for exploration and experimentation. For example, offering a variety of manipulatives, such as blocks or puzzles, encourages children to engage in problem-solving and learning. He believed that children learn and develop within a social framework, constantly interacting with caregivers, peers, and the broader culture. These social interactions, which, in turn, shape their personality and identity. Erikson's theory highlights the importance of creating supportive and nurturing social environments where children feel safe to explore, take initiative, and learn from their mistakes. For example, providing opportunities for cooperative play allows children to develop social skills and learn from their mistakes. modern educational practices. Their ideas have led to a shift away from traditional, teacher-centered approaches toward more child-centered learning environments that emphasize active engagement and hands-on experiences. Piaget's influence can be seen in the widespread adoption of developmentally appropriate practices (DAP), which tailor educational activities to children's cognitive stages. Erikson's work has highlighted the importance of social and emotional learning (SEL) in education. This involves creating a supportive classroom climate where students feel safe to express themselves and learn to manage their emotions. Erikson, E. H. (1950). Childhood and society. New York: Norton, Erickson, E. H. (1958). Young man Luther: A study in psychoanalysis and history. New York: Norton. Erikson, E. H. (1964). Insight and responsibility. New York: Norton. 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Gabain, Trans.). Routledge & Kegan Paul. (Original work published 1923) Piaget, J. (1970). The Psychology of Intelligence. New York: Basic Books. Piaget, J. (1981). Intelligence and affectivity: Their relationship during child development. (Trans & Ed TA Brown & CE Kaegi). Annual Reviews. Piaget, J. (1985). The equilibration of cognitive structures: The central problem of intellectual development. (T. Brown & K. J. Thampy, Trans.). University of Chicago Press. (Original work published 1975) Piaget, J., & Inhelder, B. (1956). The child's conception of space. Routledge & Kegan Paul. Plaget, J., & Szeminska, A. (1952). The child's conception of number. Routledge & Kegan Paul. Plowden, B. H. P. (1967). Children and their primary schools: A report (Research and Surveys). London, England: HM Stationery Office. Abnormal psychology is a branch of psychology that studies, diagnoses, and treats unusual patterns of behavior, emotions, and thoughts that could signify a mental disorder. Abnormal "sychology studies people who are "abnormal" in this context does not necessarily imply "negative" or "bad." It is a term used to describe behaviors and mental processes that significantly deviate from statistical or societal norms. Abnormal psychology research is pivotal for understanding mental health awareness. The definition of the word abnormal is simple enough, but applying this to psychology poses a complex problem: What is normal? Whose norm? For what age? For what culture? The concept of abnormality is imprecise and difficult to define. Examples of abnormality can take many different features, so that, what at first sight seem quite reasonable definitions, turns out to be quite problematic. There are several different ways in which it is possible to define 'abnormal' as opposed to our ideas of what is 'normal.' Statistical Infrequency Under this definition, it is necessary to be clear about how rare a trait or behavior needs to be before we class it as abnormal. For instance, one may say that an individual who has an IQ below or above the average level of IQ in society is abnormal. Strength The statistical approach helps to address what is meant by normal in a statistical context. It helps us make cut-off points in terms of diagnosis. Limitations However, this definition fails to distinguish between desirable and undesirable behavior. For example, obesity is statistically normal but may well be regarded as highly desirable. Many rare behaviors or characteristics (e.g., left-handedness) have no bearing on normality or abnormality. Some characteristics are regarded as abnormal even though they are guite frequent. Depression may affect 27% of elderly people (NIMH, 2001). This would make it common, but that does not mean it isn't a problem. The decision of where to start the "abnormal" classification is arbitrary. Who decides what is statistically rare, and how do they decide? For example, if an IQ of 70 is the cut-off point, how can we justify saying someone with 69 is abnormal, and someone with 70 is normal? This definition also implies that abnormal behavior in people should be rare or statistically unusual, which is not the case. Instead, any specific abnormal behavior may be unusual, but it is not unusual for people to exhibit some form of prolonged abnormal behavior at some point in their lives, and mental disorders such as depression are very statistically common. Violation of Social Norms lis a definition of abnormality where a person's thinking or behavior is classified as abnormal if it violates the (unwritten) rules about what is expected or acceptable behavior in a particular social group. Their behavior or socially acceptable norms. Norms are expected ways of behaving in a society according to the majority, and those members of a society who do not think and behave like everyone else break these norms and are often defined as abnormal. With this definition, it is necessary to consider the degree to which a norm is violated, the importance of that norm, and the value attached by the social group to different sorts of violations, e.g., is the violation rude, eccentric, abnormal, or criminal? There are a number of influences on social norms that need to be taken into account when considering the definition of the social norms. For example, it is common in Southern Europe to stand much closer to strangers than in the UK. Voice pitch and volume, touching, the direction of gaze, and acceptable subjects for discussion have all been found to vary between cultures. Context and Situation At any one time, a type of behavior might be considered normal, whereas, at another time, the same behavior could be abnormal, depending on both context and situation. For example, wearing a chicken suit in the street for a charity event would seem normal, but wearing a chicken suit for everyday activities, such as shopping or going to church, would be socially abnormal at one time in one culture. For example, one hundred years ago, a pregnancy outside of marriage was considered a sign of mental illness, and some women were institutionalized, whereas now this is not the case Age and Gender (and sometimes other factors). For example, a man wearing a dress and high heels may be considered socially abnormal as society would not expect it, whereas this is expected of women With this definition, it is necessary to consider the following: The degree to which a norm is violated. violations, e.g., is the violation rude, eccentric, abnormal, or criminal? Limitations The most obvious problem with defining abnormality using social norms is that there is no universal agreementover social norms. Social norms is that there is no universal agreementover social norms are culturally specific - they can differ significantly from one generation to the next and between different ethnic, regional, and socio-economic groups. In some societies, such as the Zulu, for example, hallucinations and screaming in the street are regarded as normal behavior. Social norms also exist within a time frame and therefore change over time. driving was once considered acceptable but is now seen as socially unacceptable, whereas homosexuality has gone the other way. Until 1980 homosexuality was considered a psychological disorder by the World Health Organization (WHO), but today is socially acceptable. Is it normal to eat parts of a dead body? In 1972 a rugby team who survived a plane crash in the snow-capped Andes of South America found themselves without food and in sub-freezing temperatures for 72 days. To survive, they ate the bodies of those who had died in the crash. Failure to function Adequately Failure to function adequately is a definition of abnormality where a person is considered abnormal if they are unable to cope with the demands of everyday life, or experience personal distress. They may be unable to perform the behaviors necessary for day-to-day living, e.g., self-care, holding down a job, interacting meaningfully with others, making themselves understood, etc.

Rosenhan & Seligman (1989) suggest the following characteristics that define failure to function adequately: Suffering Maladaptiveness (danger to self) Vividness & unconventionality/incomprehensibility Causes observer discomfort Violates moral/social standards Limitations One limitation of this definition is that apparently abnormal behavior may actually be helpful, functional, and adaptive for the individual. For example, a person who has the obsessive-compulsive disorder of hand-washing may find that the behavior that is maladaptive/harmful or threatening to self, but we don't class them as abnormal: Adrenaline sports Smoking, drinking alcohol Skipping classes Deviation from ideal mental health. This means that rather than defining what is abnormal; psychologists define what normal/ideal mental health is, and anything that deviates from this is requires us to decide on the characteristics we consider necessary for mental health. Jahoda (1958) defined six criteria by which mental health could be measured: A positive view of the self Capability for growth and development Autonomy and independence Accurate perception of reality Positive friendships and relationships Environmental mastery - able to meet the varying demands of day-to-day situations It is practically impossible for any individual is. Limitations It is practically impossible for any individual is. For example, a person might not be the 'master of his environment' but be happy with his situation. The absence of this criterion of ideal mental disorder. Ethnocentrism, in the context of psychology, refers to the tendency to view one's own culture or ethnic group as the standard or norm, and to judge other cultures, values, behaviors, and beliefs based on those norms. I White, middle-class men devise most definitions of psychological abnormality. It has been suggested that this may lead to disproportionate numbers of people from certain groups being diagnosed as "abnormal." For example, in the UK, depression is more commonly identified in women, and black people are more likely to be diagnosed with a mental illness than those from non-manual backgrounds. Models of Abnormality Behavioral Model of Abnormality Behaviorists believe that our actions are determined largely by the experiences we have in life rather than by the underlying pathology of unconscious forces. Abnormality is therefore seen as the development of behavior (including abnormal) is learned from the environment (nurture) and that all behavior that has been learned can also be 'unlearnt' (which is how abnormal behavior is acquired through classical conditioning, operant conditioning, and social learning. Classical conditioning has been said to account for the development of phobias. The feared object (e.g., spider or rat) is associated with fear or anxiety sometime in the past. The conditioned stimulus subsequently evokes a powerful fear response characterized by avoidance of the feared object is encountered. Learning environments can reinforce (re: operant conditioning) problematic behaviors. E.g., an individual may be rewarded for having panic attacks by receiving attention from family and friends - this would lead to the behavior being reinforced and increasing in later life. Our society can also provide deviant maladaptive models that children identify with and imitate (re: social learning theory). Cognitive Perspective of Mental Health Behavior The cognitive approach assumes that a person's thoughts are responsible for their behavior. The basic assumptions are: Maladaptive behavior is caused by faulty and irrational cognitions. It is the way you think about a problem rather than the problem itself that causes mental disorders. Individuals can overcome mental disorders, and evaluates events rather than the events themselves, which will have an impact on behavior. This is generally believed to be an automatic process; in other words, we do not think about it. In people with psychological problems, these thought processes tend to be negative, and the cognitions (i.e., attributions, cognitive errors) made will be inaccurate: These cognitions cause distortions in how we see things; Ellis suggested it is through irrational thinking, while Beck proposed the cognitive triad. Medical / Biological Perspective of Mental Health Behavior The medical model of psychopathology believes that disorders have an organic or physical cause. The focus of this approach is on genetics, neurophysiology, neuroanatomy, biochemistry etc. For example, in terms of biochemistry - the dopamine are related to symptoms of schizophrenia. The approach argues that mental disorders are related to symptoms of schizophrenia. The approach argues that mental disorders are related to symptoms of schizophrenia. cortex, enlarged ventricles) have been identified in people with schizophrenia. The Diathesis-Stress Model According to the diathesis, or an innate predisposition to that disorder in an individual, and second, stress, or a set of challenging life circumstances which then trigger the development of the disorder. In the diathesis-stress model, these challenging life events are thought to interact with individuals' innate dispositions to bring psychological disorders to the surface. a psychological disorder. In addition, personality traits like high neuroticism are sometimes also referred to as diatheses. Furthermore, individuals with greater innate predispositions to a disorder may require less stress for that disorders might be related to both nature and nurture and nurture and nurture and how those two components might interact with one another (Broerman, 2017). Psychological causes rather than physical causes, that unresolved conflicts between the id, ego, and superego can all contribute to abnormality, for example: Weak ego: Well-adjusted people have a strong ego that can cope with the demands of both the id and the superego, whichever is stronger, may dominate the personality. Unchecked id impulses: If id impulses are unchecked, they may be expressed in self-destructive and immoral behavior. This may lead to disorders such as conduct disorders in childhood and psychopathic [dangerously abnormal] behavior in adulthood. Too powerful superego: A superego that is too powerful, and therefore too harsh and inflexible in its moral values, will restrict the id to such an extent that the person will be deprived of even socially acceptable pleasures. According to Freud, this would create neurosis, which could be expressed in the symptoms of anxiety disorders, such as phobias and obsessions. Freud also believed that early childhood experiences and unconscious motivation were responsible for disorders. An Alternative View: Mental Illness is a Social Construction Since the 1960s, it has been argued by anti-psychiatrists that the entire notion of abnormality or mental disorder is merely a social construction Since the 1960s, it has been argued by anti-psychiatrists that the entire notion of abnormality or mental disorder is merely a social construction used by society. Notable anti-psychiatrists that the entire notion of abnormality or mental disorder is merely a social construction used by anti-psychiatrists that the entire notion of abnormality or mental disorder is merely a social construction used by society. observations made are: Mental illness is a social construct created by doctors. An illness must be an objectively demonstrable biological pathology, but psychiatric disorders are not. The criteria for mental illness must be an objectively demonstrable biological pathology, but psychiatric disorders are not. to exclude those whose behavior fails to conform to society's norms. Labels and treatment can be used as a form of social control and represent an abuse of financial and professional links with pharmaceutical companies and insurance companies. Jahoda, M. (1958). Current concepts of positive mental health. Rosenhan, D. L., & Seligman, M. E. P. (1989). Abnormal Psychology Second Edition. New York: W.W. Norton. The Hidden Links Between Mental Disorders What Is It Like To Experience Mental Health Problems? List of Support Groups Campaign against Living Miserably Men do cry: one man's experience of depression NHS Self-Help Guides Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., ... & Williams, D. R. (2010). Childhood adversities and adult psychology Therapies David Rosenhan's Pseudo-Patient Study FAQs Abnormal psychology is a crucial field that focuses on understanding, diagnosing, and treating atypical behaviors, emotions, and thought processes, which can lead to mental disorders. Its importance lies in enhancing our comprehension of mental health disorders, developing effective treatment strategies, and promoting mental health awareness to reduce stigma. Additionally, this field helps in implementing preventive measures, guiding mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislation and policies, improving the quality of life for those with mental health legislating the quality of life for those wi helps foster a better understanding and handling of mental health matters in society. The study of abnormal psychology originated in ancient times, with early explanations, such as Hippocrates' theory of bodily humors. After regression during the Middle Ages, the field progressed in the 19th and 20th centuries, with figures like Philippe Pinel and Sigmund Freud advocating humane treatment and developing therapeutic approaches, respectively. The 20th century also saw the creation of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Currently, the field draws from various disciplines, including psychology, psychiatry, neuroscience, and genetics. The field of abnormal psychology has four primary objectives: Description: This is important for practitioners and researchers to communicate effectively about each disorders. Explanation: This involves determining the causes or etiology of different disorders. Researchers aim to understand the biological, psychologists can predict how they might develop or change over time. This can help forecast the likely course of a disorder in an individual, given certain characteristics or conditions. Change: Ultimately, the goal of abnormal psychology is to develop effective interventions and treatments that can alleviate the suffering caused by mental health disorders. This objective seeks to change maladaptive behaviors, thoughts, and emotions, promoting mental well-being and functional life skills. Defining abnormality in psychology is challenging due to cultural variations, subjectivity, context-dependent norms, societal changes over time, and difficulty discerning when behaviors or emotions become clinically significant. Cultural norms heavily influence perceptions of normality and abnormality. Additionally, what's considered abnormal in one context may be normal in another. Definitions also evolve with societal and scientific progress. Furthermore, distinguishing when feelings like sadness or anxiety become severe or prolonged enough to be deemed abnormal is complex. These factors highlight the need for a nuanced, culturally sensitive, and individualized approach to abnormal psychology because they allow researchers to examine the relationship between different variables without manipulating them, which can provide approach to abnormal psychology. valuable insights into mental health conditions. These designs are particularly useful in cases where variables cannot be manipulated for ethical or practical to manipulate a factor such as childhood trauma to observe its effects on mental health in adulthood. However, a correlational design would allow researchers to examine the relationship between these variables as they naturally occur. Additionally, correlational designs can help identify risk factors for various mental health conditions. For instance, researchers might find that high-stress levels correlate with an increased risk of depression. Such findings can provide a foundation for preventive measures and guide future research. However, a key limitation of correlated does not mean one causes the other. Therefore, correlational findings often need to be followed up by experimental or longitudinal studies to explore potential causal relationships. Olivia Guy-Evans, MSc BSc (Hons) Psychology, MSc Psychology of Education Associate Editor for Simply Psychology BSc (Hons) Psychology BSc (Hons) Psychology BSc (Hons) Psychology BSc (Hons) Psychology Olivia Guy-Evans is a writer and associate Editor for Simply Psychology Olivia Guy-Evans is a writer and associate Editor for Simply Psychology BSc (Hons) Psyc MRes, PhD, University of Manchester Saul McLeod, PhD., is a qualified psychology teacher with over 18 years of experience in further and higher education. He has been published in peer-reviewed journals, including the Journal of Clinical Psychology. Self-actualization is the complete realization of one's potential, and the full development of one's abilities and appreciation for life. This concept is at the top of the Maslow hierarchy of needs, so not every human being reaches it. Kurt Goldstein, Carl Rogers, and Abraham Maslow are three individuals who have contributed immensely to our understanding of self-actualization. tends to be more aligned with the view of Maslow than with the perspectives of Goldstein or Rogers. According to Maslow, the internal drive to self-actualized people have an acceptance of who they are despite their faults and limitations and experience to drive to be creative in all aspects of their lives. While self-actualizers hail from a variety of backgrounds and a diversity of occupations, they share notable characteristics in common, such as the ability to cultivate deep and loving relationships with others. Self-actualization of one's potential as manifest in peak experiences which involves one's full involvement of one's abilities and appreciation for life (Maslow, 1962). The attainment of self-actualization is viewed as obtainable only after one's fundamental needs for survival, safety, love, and self-esteem are met (Maslow, 1943, 1954). Self-actualization theory emphasizes the innate drive of individuals to reach their full potential. Kurt Goldstein highlighted the holistic nature of self-actualization, encompassing physical, psychological, and social wellbeing. Maslow proposed a hierarchy of needs, with self-actualization at the highest level, while Rogers focused on the importance of congruence and unconditional positive regard in fostering personal growth. Kurt Goldstein Even though the term "self-actualization" is most associated with Abraham Maslow, it was originally introduced by Kurt Goldstein, a physician specializing in psychiatry and neuroanatomy during the early part of the 20th century. Goldstein (1939, 1940) viewed self-actualization as the ultimate goal of every organism and refers to man"s" desire for self-fulfillment, and the propensity of an individual to become actualized in his potential. He contended that each human being, plant, and animal has an inborn goal to actualize itself as it is. Goldstein pointed out that organisms, therefore, behave in accordance with this overarching motivation. In his book, "The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man", Goldstein argued that self-actualization involves the tendency to actualize an organism's individual capacities as much as possible (Goldstein, 2000). According to Goldstein's (1940) view, self-actualization was not necessarily a goal to be reached in the future but an organism's innate propensity to realize its potential at any moment under the given circumstances. Carl Rogers described self-actualization as the continuous lifelong process whereby an individual's self-concept is maintained and enhanced via reflection and the reinterpretation of various experiences, which enable the individual's self-concept is maintained and enhanced via reflection and the reinterpretation of various experiences. capacities in ways that maintain or enhance the organism and move it toward autonomy. According to Rogers, people could only self-actualize if they have unconditional positive self-regard). This can only happen if they have unconditional positive self-regard. (especially their parents when they were children). Self-actualization is only possible if there is a large gap between how an individual sees themselves (self-image) and their ideal self (the way they want to be or think they should be). If there is a large gap between these two concepts, negative feelings of self-worth will arise, making it impossible for self-actualization to occur. Rogers (1967) posits that the structure of the self is a consistent yet fluid pattern of perceptions of oneself that is organized and formed via evaluational interactions. However, the tension between one's ideal sense of self and one's experiences (or self-image) can produce incongruence, a psychopathological state stemming from the perversions of one's unitary actualizing tendency. For Rogers (1967), a person who is in the process of self-actualizing, actively exploring person. Becoming a Fully functioning person means "that the individual moves towards "being", knowingly and acceptingly, the process which he inwardly and actually "is." He moves away from what he is not, from being a facade. He is not trying to be less than he is, with the attendant feelings of guilt or self-deprecation. He is increasingly listening to the deepest recesses of his psychological and emotional being, and finds himself increasingly willing to be, with greater accuracy and depth, that self which he most truly is". Fully functioning people are in touch with their own feelings and abilities and are able to trust their innermost urges and intuitions. To become fully functioning, a person needs unconditional positive regard from others, especially their parents in childhood. Unconditional positive regard is an attitude of acceptance of others as being unconditional. They tend to think they will only be loved and valued if they meet certain conditions of worth. These conditions of worth create incongruity within the self between the real self (how the person is) and the ideal self (how the person is more narrowly than Goldstein by applying it solely to human beings—rather than all organisms. Maslow pointed out that humans have lower-order needs as follows (Maslow, 1943): 1. Basic needs: a. Physiological needs (ex- water, food, warmth and rest). b. Safety needs (ex- safety and security). 2. Psychological needs. a. Belongingness needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization needs (ex- feeling of accomplishment and prestige). 3. Self-actualization ne of needs, so not every human being reaches it. To Maslow, self-actualization meant the desire for self-fulfillment, or a person's tendency to be actualized in what he or she is potentially. Individuals may perceive or focus on this need very specifically. For example, one individuals may have a strong desire to become an ideal parent. In another, the desire may be expressed economically, academically, or athletically. For others, it may be expressed creatively in paintings, pictures, or inventions. Maslow further explained that self-actualization is more growth-oriented than deficiency-focused (Gleitman, Fridlund, & Riesberg, 2004). Maslow acknowledged the apparent rarity of self-actualized people and argued that most people are suffering from psychodynamic approach was focused on unhealthy individuals engaging in disturbing conduct, Maslow was associated with the humanistic approach, which focuses on healthy individuals. Consequently, Maslow's perspective is more consistent with a positive view of human nature, which sees individuals. Examples of Self-Actualizations Examples of self-actualization can vary greatly from person to person as it involves the pursuit of personal growth and fulfillment in line with one's unique values and aspirations. Some examples may include: Pursuing a passion or creative endeavor, such as painting, writing, or playing an instrument. Setting and achieving meaningful goals that align with personal values and aspirations. Engaging in acts of kindness and altruism to contribute to the well-being of others. Seeking personal development through continuous learning and acquiring new skills. Embracing authenticity and living in alignment with one's true values and beliefs. others based on mutual respect and support. Engaging in self-reflection and introspection to gain deeper self-awareness and personal insight. Making choices and well-being rather than external validation. Embracing and accepting oneself fully, including both strengths and weaknesses. Experiencing moments of flow, where one is fully immersed and engaged in an activity that brings a sense of joy, purpose, and fulfillment. Moving beyond mere theory and speculation, Maslow identified several individuals he considered to have attained a level of self-actualization (Maslow, 1970). Noteworthy herein are the diversity of occupations and the variety of the backgrounds which these individuals represent while still meeting the criteria of self-actualization. Abraham Lincoln (1809-1865; American President) Albert Schweitzer (1875-1965; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, and Physician) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian, Organist, Philosopher, Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian) Aldous Huxley (1894-1963; Writer, Humanitarian, Theologian) Aldous Huxley (1894-1963; Writer, Humanitarian) Aldous Huxley (1894-1963; Writer, Humanitarian) Aldous Huxley (1894-1963; Writer, Humanitarian) Aldous Huxley (1894-1963; Writer, Huxley (1894-1963; Writer, Huxley (1894-1963)) Aldous (1894-1963) Aldous (1894-1963) Aldous (1894-1963) Aldous (1894-Philosopher and Writer) Baruch Spinoza (1632-1677; Philosopher) Eleanor Roosevelt (1884-1962; Diplomat and Activist) Jane Addams (1860-1935; Settlement Acti of Self-Actualized Individuals Abraham Maslow based his theory on case studies of historical figures whom he saw as examples of self-actualized individuals, including Albert Einstein, Ruth Benedict, and Eleanor Roosevelt. Maslow examined the lives of each of these people in order to assess the common qualities that led each to become selfactualized. Based on Maslow's description of self-actualizers, one can find several striking similarities that these supposedly self-actualized individuals from the rest of humanity are as follows (Maslow, 1954, 1970). Self-actualized people are accepting of others as well as their own flaws, often with humor and tolerance. Not only do self-actualized people fully accept others, but they are also true to themselves rather than pretending in order to impress others (Talevich, 2017). Self-actualized people also true to themselves rather than pretending in order to impress others, but they are also true to themselves rather than pretending in order to impress others. direct their lives (Martela & Pessi, 2018). Can cultivate deep and loving relationships with others. Tendency to exude gratitude and maintain a deep appreciation even for the commonplace blessings in life. Can often discern between the superficial and the real when judging situations. Seldom depend upon their environment or culture to form their opinions. Tendency to view life as a mission that calls them to a purpose beyond themselves. Critical Evaluation theories, it does not cease to draw criticism. The Canadian psychiatrist Eric Berne for instance, has called self-actualization the game of self-expression based on the belief that good feelings are to be pursued (Berne, 2016). Additionally, critics have pointed out that self-actualizing tendencies can lead to a positive but non-relational approach to human beings (Thorne, 1992). Moreover, Fritz Perls has noted that the focus can easily shift from striving to actualize one's sense of self to merely attempting to build an appearance of self-actualization, which can be misleading (Perls, 1992). Vitz (1994) has contended that Maslow and Rogers have turned the psychological concept of self-actualization into a moral norm. Finally, the possibility of self-actualization has also come to be seen as a special privilege reserved only for a select few. In response to these concerns, Maslow has acknowledged that expressions of unrestrained whims and the pursuit of private pleasures have often been mislabeled as self-actualization (Daniels, 2005). Maslow, too, shared the concern that the concern tha themselves as self-actualized persons, Maslow doubted whether he had sufficiently articulated his theory (Steven, 1975). However, Maslow did not hold that only an elite few could attain the state of self-actualization. On the contrary, he pointed out that often people living in strikingly similar circumstances experience enormously different outcomes in life. He reasoned that such a reality underscores the importance of attitude as a factor that influences one's destiny. Paradoxical narrative of self-actualization. She provides a nuanced analysis of the paradoxical nature of self-actualizers' perceptions of themselves, others, and the world. Winston dismantles Maslow's chapter on self-actualization from his seminal Motivation and Personality book and rearranges it to demonstrate the ongoing struggle Maslow's chapter on self-actualizers. On one hand, he would characterize them in a certain way, only to provide a contradictory example shortly after. For instance, he described them as accepting reality yet noted they display resignation. Or as free from excessive guilt yet not immune to anxiety and self-actualizers as comfortable with uncertainty, doubt and vagueness. Yet he also stated they are rarely unsure or conflicted (Winston, 2018). Additionally, he characterized them as capable of fully identifying with, and losing themselves in, close relationships. However, he also noted they retain a certain detachment from loved ones. Rather than dismissing these opposing descriptions as contradictions or inconsistencies, as some scholars have done, Winston sees them as paradoxes that convey the complexity of psychological health. In her analysis, she uncovers three key paradoxes: Self-actualizers share common traits yet remain utterly unique individuals. Their perceptions of themselves, others and the world are simultaneously positive and negative. and-white. They can accept what cannot change yet have the courage to change what they can, displaying wisdom in discerning the difference (Winston, 2018). Winston argues that the paradoxical nature of self-actualization illustrates that psychological health entails the contextually appropriate expression of human potentialities, whether viewed as positive or negative. Her framework challenges approaches that unconditionally promote some potentials while suppressing others. Instead, she advocates examining the conditions under which any given potentiality may be adaptive or maladaptive. For individualistic cultures only? The concept of self-actualization, characterized by realizing one's full potential, is often seen as the pinnacle of psychological development. However, the cultural specificity of self-actualization has been questioned (Itai, 2008). Specifically, the individualistic focus on developing uniqueness, fulfilling one's capacities, and prioritizing personal growth over social belonging may not generalize across cultures. Research suggests self-actualization aligns closely with individualistic values prominent in the West, but not necessarily with the collectivist values of interdependence and social harmony found in Asia, Africa, and Central and South America. Itai Ivtzan (2008) compared 100 British (individualistic culture) and 100 Indian (collectivist culture) participants aged 18-25 on their responses to the Personal Orientation Inventory (POI). The POI measures 12 characteristics seen as central to self-actualization (Shostrom, 1963). As predicted, the British group scored significantly higher than the Indian group on 10 out of 12 scales, including time competence, inner-directedness, self-actualizing values, feeling reactivity, and self-acceptance. Ivtzan concluded that the concept of self-actualization, as currently defined, lacks cross-cultural validity. The lower POI scores from the Indian group likely reflect measurement bias rather than truly less self-actualization. Cultures shape the meaning of self-fulfillment in different ways. While the drive to achieve one's potential is universal, how this manifests likely depends on cultural values. These findings underscore the need to re-examine concepts like self-actualization through a cross-cultural lens. Applying Western models globally risks promoting an ethnocentric view of human motivation and adjustment. Future research should explore how self-actualization presents in diverse cultures. Practically, the study also cautions the use of self-actualization theory in multi-cultural organizational contexts. FAQs Self-actualization is a concept in psychology that refers to the process of fulfilling one's true potential, becoming the best version of oneself, and achieving personal growth, meaning, and fulfillment in various aspects of life. According to Maslow, self-actualizing individuals exhibit traits and qualities such as autonomy, authenticity, creativity, self-acceptance, a sense of purpose, strong values, peak experiences, and the ability to have meaningful relationships. They strive for personal growth, fulfillment, and reaching their highest potential. Selfactualization refers to fulfilling one's potential and becoming the best version of oneself, while self-transcendence goes beyond the self and involves connecting to something greater, such as meaning, values, or the well-being of others, to achieve a sense of purpose and fulfillment. Berne, E. (2016), Games people play the psychology of human relationships. Penguin Life. Daniels, M. (2005). Shadow, self, spirit: essays in transpersonal psychology (p. 122). Imprint Academic. Gleitman, Henry & Fridlund, Alan & Riesberg, Daniel. (2004). Psychology (6th Ed.) . New York: Norton. Goldstein, K. (1939). The Organism. New York, NY: American Books. Goldstein, K. (1940). Human Nature. Cambridge, Mass. Harvard University Press. Itai, I. (2008). Self actualisation: For individualistic cultures only?. International Journal on Humanistic Ideology, 1(02), 113-139. Maslow, A. H. (1943). A theory of human motivation. Psychological Review, 50 (4), 370-96. Maslow, A. H. (1954). 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