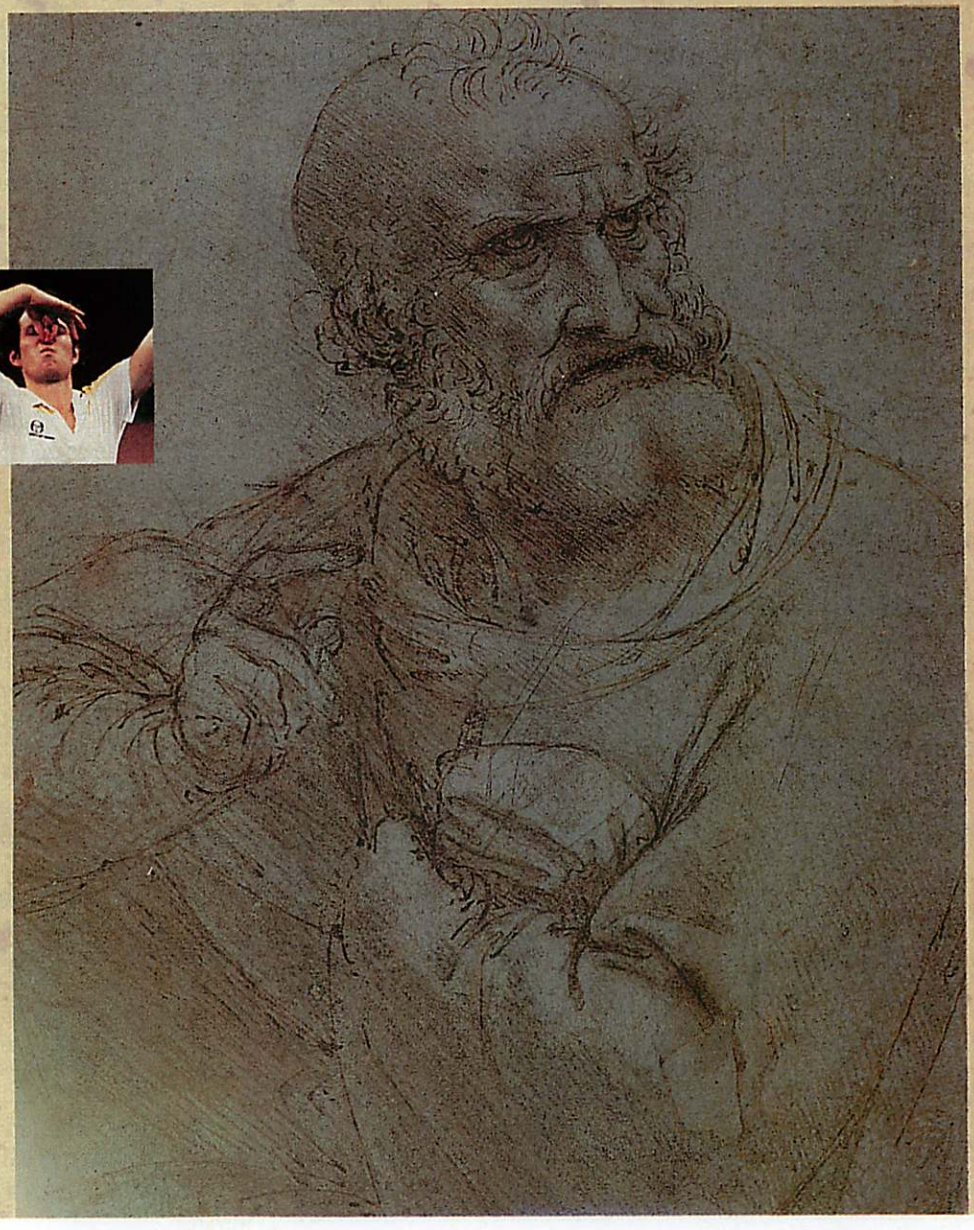
Chapter 13

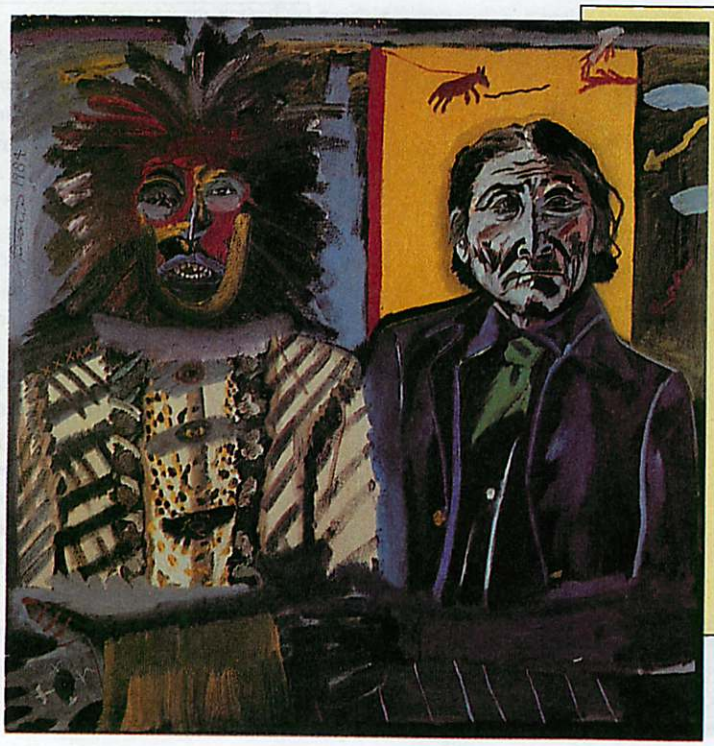
PERSONALITY



Several thousand people have the task of assembling the world's largest jigsaw puzzle, which contains over a trillion pieces. Connie Conclusionjumper examines 20 pieces very closely, stares off into the distance, and announces, "When the puzzle is fully assembled, it will be a picture of the Houston Astrodome!" Prudence Plodder says, "Well, I don't know what the whole puzzle will look like, but I think I've found two little pieces that fit together."

Which of the two is making the greater contribution to completing the puzzle? We could argue either way. Clearly the task will require an enormous number of little, unglamorous accomplishments like Prudence's. But if Connie is right, her flash of insight will be extremely valuable in assembling all the little pieces. Of course, if the puzzle turns out to be a picture of two sailboats on Lake Erie, then Connie will have made us waste time looking for connections that are not there.

Some psychologists have offered grand theories about the nature of personality. Others have investigated why people with a certain type of personality act the way they do in a specific situation. We need both contributions. We begin with the grand, overall theories of personality. Then we turn to investigations of more limited aspects of personality. Finally, we consider methods of measuring personality characteristics.



In Geronimo with His Spirit *(1984), the artist, Frederick Brown, implies that each of us has a "true self" that differs from the self we show to the world. Brown's interpretation of this Apache chief tells us something about both the painter and the painted. The word* personality *is derived from a Latin word meaning "mask," implying that your personality is what you show to the world. The term gradually came to mean the true self—even the aspects you try to conceal from other people.*

Theories of Personality

The personality theories we shall consider are complex, and we cannot do them full justice in just a few pages. For a deeper understanding, read the books listed under "Suggestions for Further Reading" at the end of this section on personality theories.

Is personality rooted in one or two dominant motivations, such as sexuality or the desire for superiority?
Is personality influenced by unconscious motivations and thoughts?
What is a "healthy" personality?

What makes us tick? What makes us the way we are? Way down deep, are humans good, bad, or somewhere in between?

The 17th-century philosopher Thomas Hobbes argued that humans are by nature selfish. Life in a state of nature, he said, is "nasty, brutish, and short." To protect ourselves from one another, we must be restrained by a watchful government.

The 18th-century political philosopher Jean-Jacques Rousseau disagreed. He maintained that humans are good by nature but have been corrupted by "civilized" governments. Although he conceded that society could never return to "noble savagery," he believed that education and government should promote the freedom of the individual. Rational people acting freely, he maintained, would advance the welfare of all.

The debate between those two viewpoints survives in modern theories of personality (see Figure 13.1). Some theorists, including Sigmund Freud, have held that people are born with sexual and destructive impulses that must be held in check if civilization is to survive. Others, including Carl Rogers, have held that people will achieve good and noble goals once they have been freed from unnecessary restraints.

Which point of view is correct? Do not decide too quickly. Many people reject Freud's theory without having read any of his works. Others embrace it without fully understanding it and then proceed to "analyze" the behavior of their friends.

Personality and Conceptions of Its Origin

The term *personality* comes from the Latin word *persona,* meaning "mask." In the plays of ancient Greece and Rome, actors wore masks to indicate whether they were happy, sad, or angry. Unlike a mask that one can put on or take off, however, the term *personality* implies something stable. Personality consists of all the consistent ways in which the behavior of one person differs from that of others.

The ancient Greeks believed that personality depended on which of four different "humors" (chemicals) predominated in a person's body (Figure 13.2). A predominance of yellow bile made people hot tempered. A predominance of black bile made people depressed. An excess of phlegm made people sluggish and apathetic. An excess of blood made people courageous, hopeful, and amorous. The ancient Greek theory persists in the English language in such terms as *phlegmatic* and *melancholic* (literally, "black-bile-ic").

"Every individual is virtually an enemy of civilization. . . . Thus civilization has to be defended against the individual. . . . For the masses are lazy and unintelligent . . . and the individuals composing them support one another in giving free rein to their indiscipline."
SIGMUND FREUD
(1927/1953)

"There is in every organism, at whatever level, an underlying flow of movement toward constructive fulfillment of its inherent possibilities. There is a natural tendency toward complete fulfillment in man."
CARL ROGERS
(1977)

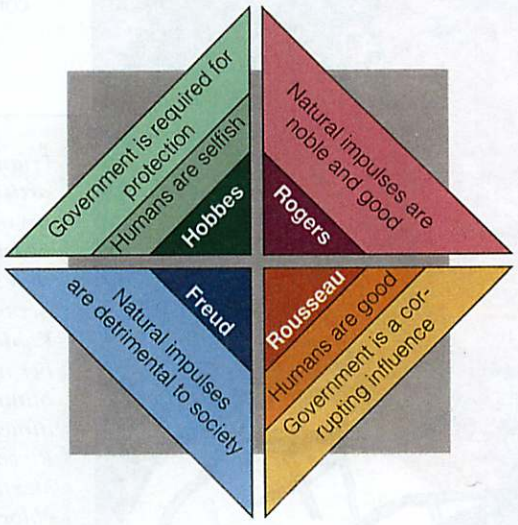
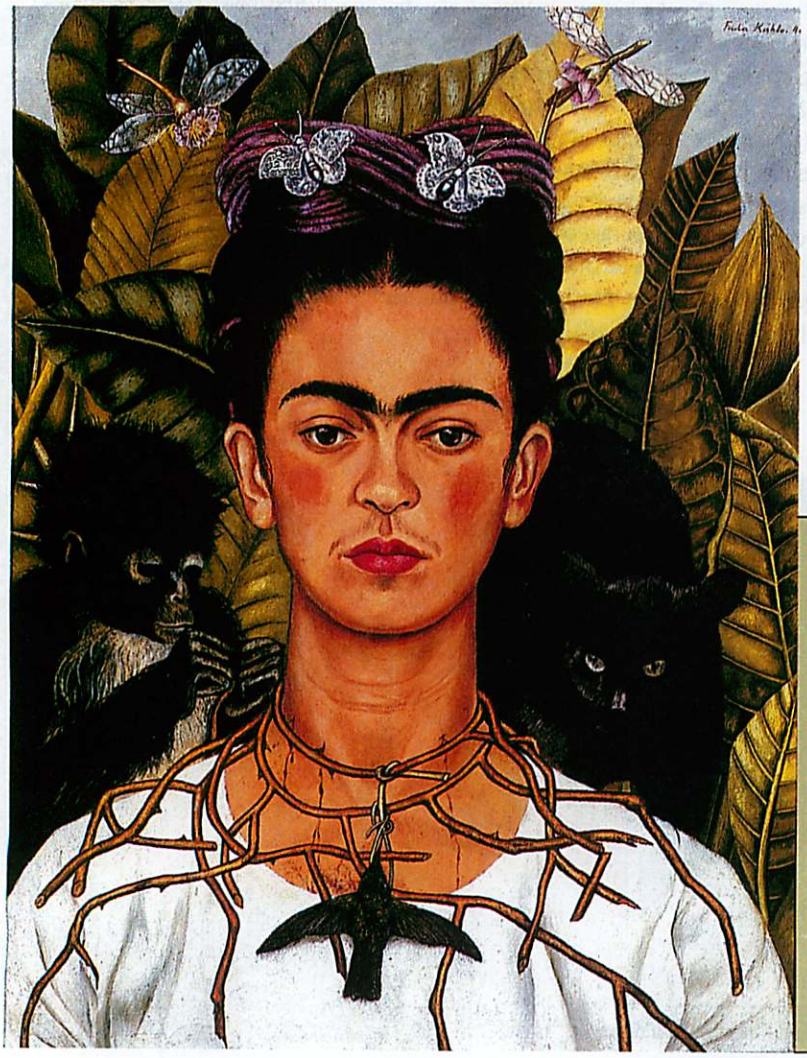


FIGURE 13.1

Opposing views of human nature.

FIGURE 13.2

According to the second-century Greek physician Galen, people's personalities depended on four humors. From left to right: Someone with an abundance of blood, or sanguine, has a changeable temperament. Someone with an excess of black bile is melancholy. A person with too much yellow bile, or choleric, is easily angered. And someone with too much phlegm is generally inactive. Accepted in Europe and the Arab world, Galen's theory remained popular throughout the Renaissance. Scholars were thought those most prone to melancholy, and an Oxford scholar, Robert Burton, wrote a large volume on it, *The Anatomy of Melancholy,* first published in 1621.



Today, although we no longer believe in the four humors, we do believe that personality is influenced by such physical factors as hormones and neurotransmitters. It is also influenced by our experiences, including our observation and imitation of other people's behavior.

According to some historically influential theories of personality, differences in personality arise from the different ways in which people try to satisfy one central motive, such as the sex drive, the desire for superiority, or the drive to achieve one's full potential. We begin with Sigmund Freud, who concentrated on the sex drive.

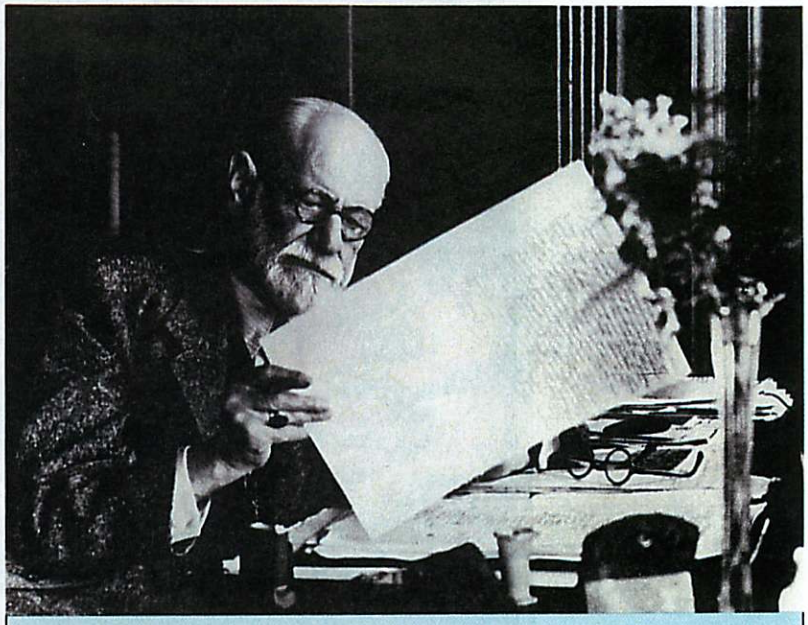
Frida Kahlo (1910–1954), a self-taught artist, said, "I paint because I need to," beginning at age 18 when she spent a year bedridden, recovering from an accident that smashed her spine, pelvis, and foot. In her many relentlessly intense self-portraits, Kahlo presents a similar masklike face. But her works are filled with symbols—the hummingbird here, a Mexican love charm aimed at her wandering husband (Diego Rivera), is just one element drawing on her Mexican heritage. Blood red is a primary color in paintings about the pain dozens of operations failed to relieve. Yet her friends said she never complained about her poor health.

Sigmund Freud and Psychoanalysis

Sigmund Freud (1856–1939), a medical doctor, developed theories on personality development that have had an enormous influence on psychologists and other students of human behavior. Freud's theory was the first of several psychodynamic theories. A **psychodynamic theory** relates personality to the interplay of conflicting forces within the individual, including some that the individual may not recognize consciously.

Freud's main interests were cultural history and anthropology, and he wrote several books and articles about those topics in his later years. As a Jew in late 19th-century Austria, however, he knew he had little chance of becoming a university professor. The only professional careers open to Jews in his time and place were in law, business, and medicine.

Freud chose to study medicine, though he was never deeply committed to it. He took over seven years to complete medical school because he spent much of his time taking elective courses in biology and philosophy. After receiving his medical degree, he worked in brain research and began to practice medicine only when it became financially necessary. His interest in theory persisted throughout his life. Even the methods he devised for treating psychological disorders had more to do with *understanding* the disorders than with *relieving* them.



Just as Sigmund Freud interpreted other people's personalities, his biographers have tried to understand his personality and the influence it had on his theories. Freud had a close relationship with his mother and a colder, more distant relationship with his father. Was his conception of the Oedipus complex a product of his own childhood experiences? In that case and others, Freud based his theories partly on his dialogue with his clients and partly on his own introspection.

Freud's Concept of the Unconscious

Early in his career, Freud worked with the psychiatrist Josef Breuer, who had been treating a young woman with physical complaints that seemed to have no medical basis. As she talked with Breuer about her past and recalled various traumatic, or emotionally damaging, experiences, her symptoms gradually subsided. Breuer proposed that the memory of those experiences was somehow associated with tension and that recalling the experiences released the tension. He called this release of pent-up tension **catharsis**, a term Freud adopted in his own theory.

Freud began to apply Breuer's "talking cure" to some of his own emotionally disturbed patients. He referred to his method of explaining and dealing with personality as **psychoanalysis**, and to this day psychoanalysts remain loyal to that method and to the theories behind it.

Psychoanalysis is based on the assumption that each of us has an unconscious mind as well as a conscious mind (Figure 13.3). The **unconscious** has

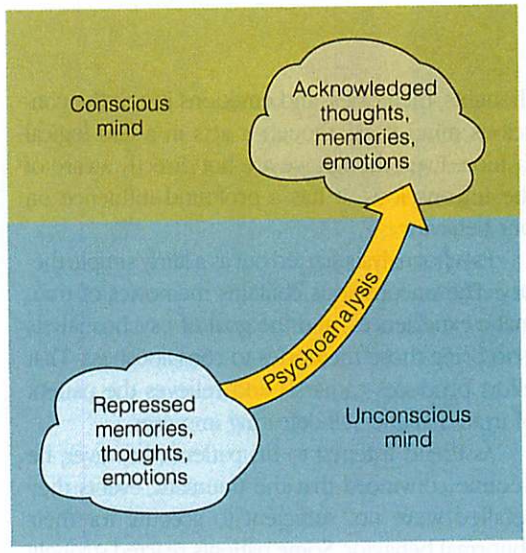


FIGURE 13.3

Freud believed that through psychoanalysis parts of the unconscious could be brought into the conscious mind, where a person could deal with them.

The paintings of Jackson Pollock (1912–1956) were influenced by Freudian and Jungian conceptions of the unconscious, by the Surrealist idea of painting from the unconscious, and by Native American art and culture. Pollock believed that Native American pictographs (rock paintings or drawings) and Surrealist art both found their imagery in the unconscious mind. In earlier paintings and drawings he used a primitive style similar to that of pictographs in an effort to explore his own unconscious symbols. Later, in the drip paintings, he used the information he had discovered about himself. The drip paintings also functioned as a sort of therapy. Pollock had observed Navajo sand painting, which was done as part of ceremonies to cure illnesses. For his own creations, he placed his canvas on the floor, then walked around it, working from all four sides to drip and splatter the paint, experiencing what was for him a healing process that culminated in a symbolic work (Rushing, 1986).

thoughts, memories, and emotions just as the conscious mind does, though it acts in a less logical fashion. Even though we are not directly aware of the unconscious, it has a profound influence on our behavior.

Psychoanalysis started out as a fairly simple theory: The unconscious contains memories of traumatic experiences, and the goal of psychoanalysts is to bring those memories to consciousness. That effort produces catharsis and relieves the patient of irrational and self-defeating impulses.

As Freud listened to his patients, however, he became convinced that the traumatic events they recalled were not sufficient to account for their abnormal behavior. Some patients reacted strongly to past events that others took in stride. Why? He concluded that still earlier traumatic events, which were even harder to recall, predisposed certain patients to overreact.

Freud urged his patients to recall ever-earlier experiences. When many of them reported experiences of sexual abuse in early childhood, he proposed that *all* emotionally disturbed behavior could be traced to such experiences.

Over the next few years, as Freud analyzed himself and others, he changed his mind: Sexual abuse of children, he decided, was not common enough to account for all the disturbed behavior he observed. When his patients reported that they had been sexually abused as children, he concluded that they were reporting fantasies.

Regardless of whether the recollections of sexual abuse were real or fantasy, they were clearly disturbing to Freud's patients. So he modified his theory: The ultimate cause of a disturbed personality is the *sexual fantasies* of young children, including imagined sexual abuse.

That revision of Freud's original theory made it very difficult to test the theory scientifically. It is possible to test the effects of early experiences on subsequent behavior, but it is almost impossible to test the effects of early fantasies.

Was Freud correct in changing his mind? Maybe not. Today we recognize that sexual abuse of chil-

dren occurs far more often than it is reported and that it can leave long-lasting psychological scars. In some ways Freud's earlier writings now sound more up-to-date than his later ones. Historians are not sure why Freud changed his mind. Jeffrey Masson (1984) suggests that Freud simply lost the courage to defend his earlier views and that for a long time he nurtured doubts about whether he had been right to abandon them.

Stages of Psychosexual Development in Freud's Theory of Personality

Freud believed that psychosexual interest and pleasure begin long before the individual achieves sexual maturity. He used the term **psychosexual pleasure** in a broad sense to include the good feelings arising from the stimulation of parts of the body. He maintained that the way we deal with psychosexual development influences nearly all aspects of our personality.

Freud proposed that young children have sexual tendencies that resemble those of more primitive mammals. Just as nonhuman mammals respond sexually to stimuli that do not excite most adult humans, children respond "sexually" to stimulation of the mouth, the anus, and other body zones. Freud collected no direct evidence for this view and in fact made no extensive observations of children. Rather, he reconstructed childhood experiences from the memories of his patients and other adults.

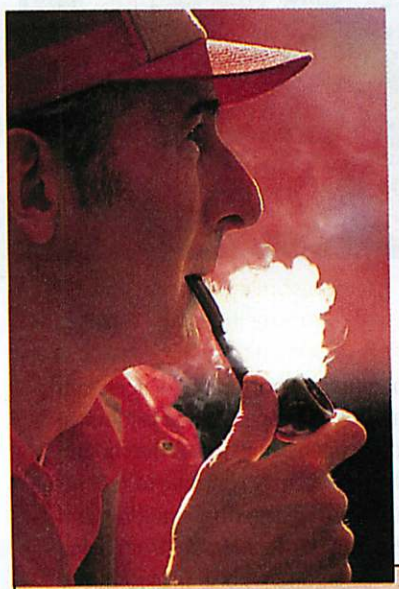
According to Freud (1905), people have a psychosexual energy, which he called **libido** (lih-BEE-doh), from a Latin word meaning "desire." The libido provides the energy for much behavior throughout life, as I mentioned in Chapter 11. At different ages it focuses on different parts of the body. Normally, it starts in the mouth and "flows" to other parts as the child grows older. Children go through five stages of **psychosexual development**, each with a characteristic sexual focus that leaves its mark on adult personality. If normal sexual development is blocked or frustrated at any stage, Freud said, a **fixation** occurs. Part of the libido becomes fixated at that stage; that is, it continues to be preoccupied with the pleasure area associated with that stage. Table 13.1 summarizes the stages.

The Oral Stage In the **oral stage**, from birth through the first year or so (Freud was vague about the age limits of all his stages), the infant derives intense psychosexual pleasure from stimulation of the mouth, particularly while sucking at the mother's breast. In the later part of the oral stage, the infant begins to bite as well as suck.

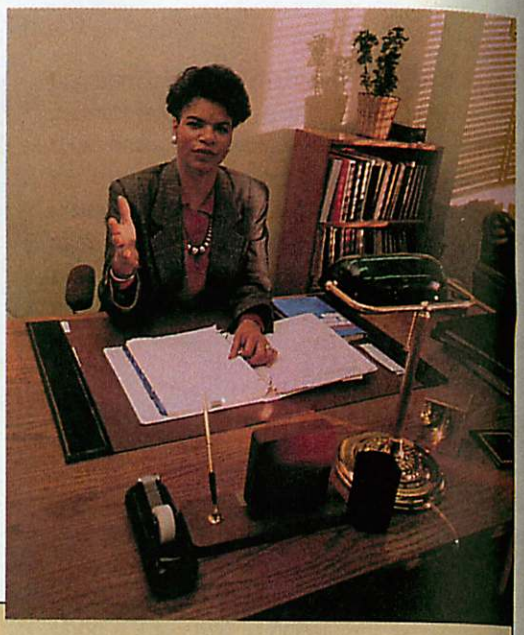
According to Freud, an infant who receives either

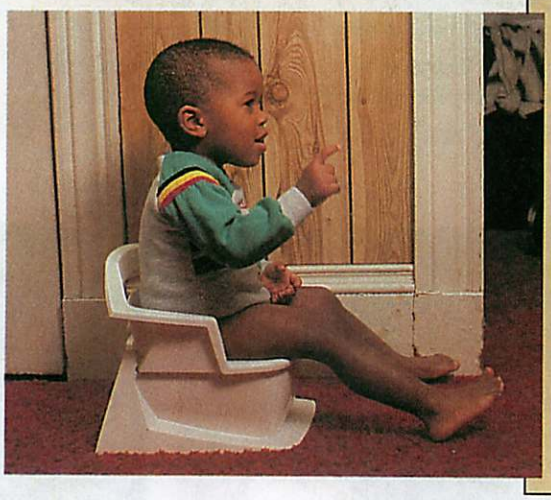
TABLE 13.1 Freud's Stages of Psychosexual Development

Stage (approximate ages)	Sexual Interests	Effect of Fixation at This Stage
Oral stage (birth to 1 year)	Sucking, swallowing, biting	Lasting concerns with dependence and independence; pleasure from eating, drinking, other oral activities
Anal stage (1–3 years)	Expelling feces, retaining feces	Orderliness, stinginess, stubbornness
Phallic stage (3–5 or 6 years)	Touching penis or clitoris; Oedipus complex or Electra complex	Difficulty feeling closeness; males: fear of castration; females: penis envy
Latency period (5 or 6 to puberty)	Sexual interests suppressed	—
Genital period (puberty onward)	Sexual contact with other people	—



The beginning of psychosexual development is the oral stage, in which infants enjoy stimulation of their mouth—which for them means sucking, swallowing, and biting. They like putting things in their mouth and gnawing on them; this seems understandable, given the limited things infants can do. According to Freud, if normal sexual development is blocked at this stage, the child will grow up continuing to get much pleasure from drinking and eating, as well as kissing and smoking. Perhaps this pipe smoker's mother weaned him too quickly—or let him nurse too long. And perhaps such an explanation is wrong. Like many of Freud's ideas, this one is difficult to test.





From one extreme to another: In Freud's anal stage, from age 1 to 3, children's psychosexual pleasure centers on defecation, one of the few activities they have some control over. In theory, people with an anal fixation are messy and wasteful or very neat and miserly—so one explanation supposedly covers those who are sloppy and those who are fastidious. One problem in assessing such notions is that few adults have a clear memory of their toilet training.

too little or too much opportunity to suck can become fixated at the oral stage. The consequence is that much libido remains attached to the mouth; throughout life the person may continue to receive great pleasure from eating, drinking, smoking, and kissing. He or she may also take pleasure from being "fed" information. Someone who is fixated at the later part of the oral stage may be inclined to "biting" sarcasm and ridicule. People with an oral fixation have lasting concerns with dependence and independence, according to Freud.

The Anal Stage Around one to three years of age, children enter the **anal stage.** At this time they get psychosexual pleasure from their bowel movements. They may enjoy either the sensation of excreting feces or the sensation of holding them back.

A child can develop a fixation at the anal stage if toilet training is too strict or if it starts too early or too late. People with an anal fixation either go through life "holding things back"—being orderly, stingy, and stubborn—or, less commonly, they may go to the opposite extreme and become wasteful, messy, and destructive.

The Phallic Stage Beginning at about age three, in the **phallic stage,** children begin to play with their genitals. They become more aware of what it means to be male or female. If parents teach children that touching their genitals is shameful, the children may become fixated at the phallic stage. According to Freud, boys with a phallic fixation are afraid of being castrated; girls with such a fixation develop "penis envy." Both males and females with a phallic fixation may find it difficult to experience closeness and love.

According to Freud, boys in the phallic stage experience an **Oedipus complex.** (Oedipus—EHD-ah-puhs—was a figure in a play by Sophocles. Oed-

ipus unknowingly murdered his father and married his mother.) Freud claimed that a boy develops a sexual interest in his mother and competitive aggression toward his father. But the boy realizes that his father is larger and stronger; he learns to identify with his father and to shift his own sexual interests to someone other than his mother. A boy who fails to resolve the Oedipus complex may forever feel anxiety and hostility toward other men.

Similarly, Freud asserted, little girls experience an **Electra complex**, named after a character in an ancient Greek play who persuades her brother to kill their mother, who had murdered their father. A girl with an Electra complex feels a romantic attraction toward her father and hostility toward her mother. Freud was vague about how girls resolve the Electra complex; he implied that they never resolve it completely and therefore remain partly fixated at the phallic stage.

Freud's writings about boys' fear of castration, girls' penis envy, the Oedipus complex, and the Electra complex have long been controversial. In most children it is difficult to observe anything that resembles the Oedipus complex or the Electra complex.

The Latent Period From about age 5 or 6 until adolescence, Freud said that most children suppress their sexual interest. They enter a **latent period**, a time when they play mostly with peers of their own sex. Most psychologists call this a "period" instead of a "stage of development" because psychosexual interest is not developing (changing); it is just waiting. According to Freud, no one becomes fixated at the latent period.

Apparently a product of the way we rear children in Europe and North America, the latent period may not occur in certain unindustrialized societies.

The Genital Stage Beginning at puberty, young people take a strong sexual interest in other people. This is known as the **genital stage.** According to Freud, anyone who has fixated a great deal of libido at earlier stages has little libido left for the genital stage. But people who have successfully negotiated the earlier stages can now derive primary satisfaction from sexual intercourse; other types of stimulation reinforce this primary source of pleasure.

Evaluation of Freud's Stages Was Freud right about these stages and about the consequences of fixation? Many psychologists are uncertain about whether his views can even be tested. Recall from Chapter 2 that a good scientific theory is falsifiable—that is, its predictions should be clear enough for us to imagine data that would contradict them. Freud's theory makes such vague predictions that psychologists are not sure what results would contradict them (Grünbaum, 1986; Popper, 1986).

For example, consider Freud's views concerning anal fixation: If the parents are too strict in their toilet training, or if they begin it too early or too late, the child will become either orderly, stingy, and stubborn *or* messy and wasteful. That is hardly a precise prediction.

Suppose we make the prediction more precise, concentrating on what Freud considered the most common result of anal fixation: Does strict toilet training lead to a combination of orderly, stingy, and stubborn behavior? Phrasing the question in that way at least makes it scientifically testable. Most of the studies that have tested that hypothesis fail to support it; strict toilet training is not consistently related to orderly, stingy, or stubborn behavior (Fisher & Greenberg, 1977). The evidence relating early oral experience (such as duration of breast-feeding) to a later "oral personality" (characterized by dependence and a craving for eating, drinking, and smoking) is slightly stronger (Fisher & Greenberg, 1977). Even so, many psychologists are skeptical of the relationship because many of the studies that report it were poorly designed. To the extent that Freud's theory of psychosexual development is testable, the evidence is as yet unconvincing.

Defense Mechanisms Against Anxiety

According to Freud, an individual's personality is determined to a large degree by the way the unconscious mind deals with anxiety. To reduce the anxiety that certain thoughts and motivations cause, Freud said, we reject highly unpleasant thoughts from the conscious mind and force them into the unconscious.

Personality, Freud claimed, consists of three aspects: the id, the ego, and the superego. (Actually, he used German words that mean *it, I,* and *over-I.* A translator used Latin equivalents instead of English words.) The **id** consists of all our biological drives, such as sex and hunger. It seeks immediate gratification. The **ego** is the rational, decision-making aspect of the personality. The **superego** contains the memory of our parents' rules and prohibitions, such as, "Nice little boys and girls don't do that." Sometimes the id produces sexual or other motivations that the superego considers repugnant, evoking feelings of guilt. The ego may side with either the id or the superego; if it sides with the superego, it tries to avoid even thinking about the id's unacceptable impulses.

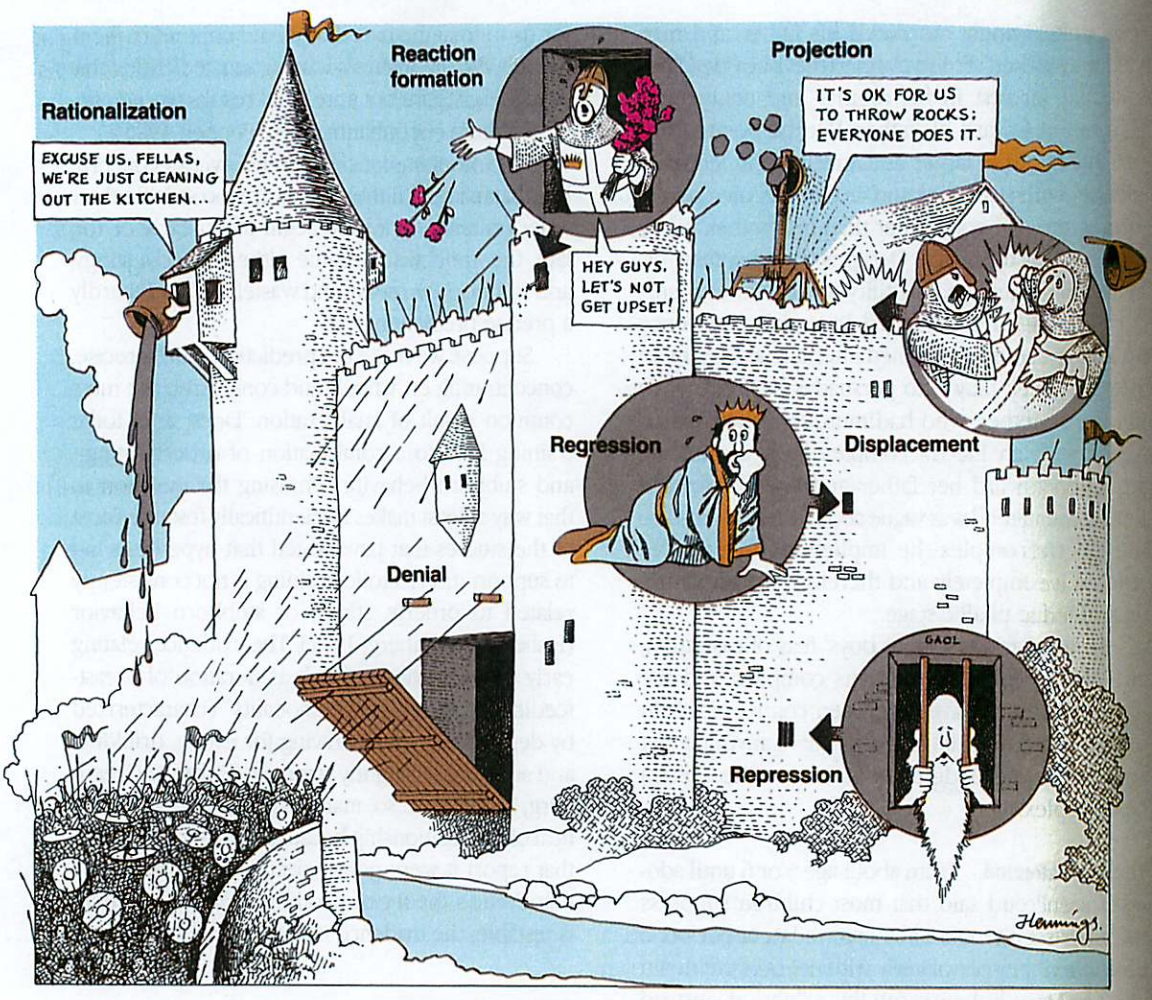


FIGURE 13.4

I versus anxiety: The ego—the rational I—has numerous ways of defending itself against anxiety, that apprehensive state named for the Latin word meaning "to strangle." These defense mechanisms try to ignore or avoid facing unpleasant reality, and they are part of an internal battle in which you fight against yourself.

To defend itself against anxiety caused by the conflict between the id's demands and the superego's constraints, the ego may exclude certain thoughts and impulses and relegate them to the unconscious. Among the **defense mechanisms** that the ego employs are repression, denial, rationalization, displacement, regression, projection, reaction formation, and sublimation (Figure 13.4). Defense mechanisms are normal ways of suppressing anxiety and are often adaptive. They become a problem only if they are carried to extremes, or if they prevent a person from dealing with reality.

Most psychologists today find it difficult to imagine the mind in terms of three warring factions. They regard Freud's description as an occasionally useful metaphor at best.

Concept Check

1. *What kind of behavior would you expect of someone with a strong id and a weak superego? What behavior would you expect of someone with an unusually strong superego? (Check your answers on page 503.)*

Repression The defense mechanism of **repression** is motivated forgetting—the active rejection of unacceptable thoughts, desires, and memories and their relegation to the unconscious. Repression is perhaps the most central concept in Freud's theory.

For example, a woman sees someone beating another person to death. Later she cannot remember what she saw. She has repressed the painful

memory. Another example: A man gives a speech and several members of the audience raise serious objections to what he says. Later he forgets their objections. People sometimes repress their own unacceptable thoughts as well.

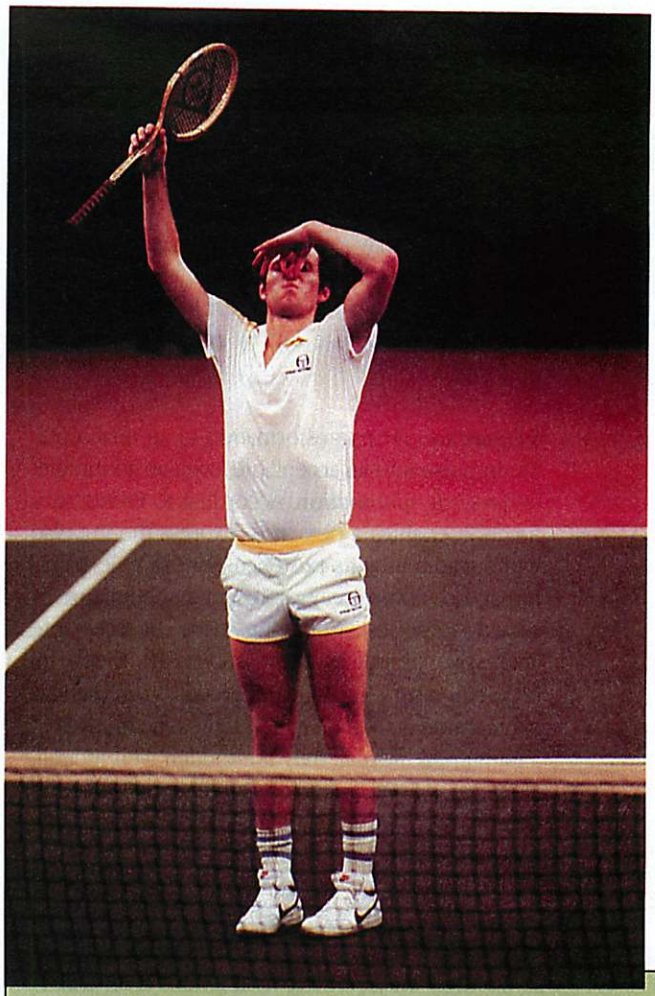
Denial The refusal to believe information that provokes anxiety is called **denial.** Whereas repression is the motivated forgetting of certain information, denial is an assertion that the information is incorrect.

For example, a doctor tells a woman that her child is mentally retarded. She refuses to accept this opinion and shops around for another doctor who will tell her the child is not retarded.

Rationalization When people attempt to prove that their actions are rational and justifiable and thus worthy of approval, they are using **rationalization.** For example, a student who wants to go to the movies instead of studying says, "More studying won't do me any good anyway." Someone who misses a deadline to apply for a job says, "I didn't really want that job anyway."

Displacement By diverting a behavior or a thought away from its natural target toward a less threatening target, **displacement** lets people engage in the behavior they prefer without experiencing severe anxiety.

For example, a man who is angry at his boss comes home and kicks his dog. He really wants to kick his boss, but that would cause him too much anxiety. Or a student who fails an examination blames her professor for giving an unfair test and her roommate for distracting her when she was trying to study. To admit that the fault was her own would cause anxiety.



John McEnroe comments on a referee's call in a juvenile manner. Which defense mechanisms are athletes using in the following comments: "The umpire's blind," "They had the home-field advantage," "The referees sided against us," "You gotta play rough to win"?

Regression A return to a more juvenile level of functioning, **regression** is an effort to avoid the anxiety of facing one's current role in life. By adopting a childish role, a person can escape responsibility and return to an earlier, perhaps more secure way of life. A person may also regress to an earlier stage of psychosexual development in response to emotionally trying circumstances.

For example, after a new sibling is born, a 5-year-old child may start wetting the bed again. Following a divorce or a business setback, a man may resort to daydreaming, getting drunk, or other immature behaviors.

Projection The attribution of one's own undesirable characteristics to other people is known as **projection.** When people project their own faults onto others, they generally do not deny that they themselves possess those faults (Holmes, 1978; Sherwood, 1981). However, by suggesting that the faults are widespread, they make them more acceptable and less anxiety provoking.

For example, someone says, "Everyone cheats on their income taxes," or "Every student cheats on a test now and then." People who make such statements probably cheat a little themselves.

Reaction Formation In an effort to reduce anxiety and to keep undesirable characteristics repressed, people may use **reaction formation** to present themselves as the opposite of what they really are. In Shakespeare's play *Hamlet,* Gertrude says, "The

lady doth protest too much, methinks." People who insist too vehemently that something is "absolutely" true often harbor secret doubts about whether it really is true.

For example, someone with strong deviant sexual impulses may become a crusader against pornography. Someone who feels deep hostility toward other people may join a campaign against cruelty to animals. In each case the person is saying, "See? I was afraid I might have this terrible fault, but that can't be true because I'm working for the exact opposite."

Sublimation The transformation of an unacceptable impulse into an acceptable, even an admirable, behavior is **sublimation.** According to Freud, sublimation enables a person to express the impulse without admitting its existence. For example, painting and sculpture may represent a sublimation of sexual impulses. Someone with unacceptable aggressive impulses may sublimate them by becoming a surgeon. Whether Freud is correct about sublimation is difficult to say; if the true motives of a painter are sexual, they are hidden well indeed. However, if Freud is correct, sublimation is the one defense mechanism that leads to socially constructive behavior.

Concept Check

2. *Which of the following descriptions is an example of repression, denial, rationalization, displacement, regression, projection, reaction formation, or sublimation?*

a. *A man who is angry with his neighbor goes hunting and kills a deer.*

b. *Someone with a smoking habit insists that there is no convincing evidence that smoking impairs health.*

c. *A woman with doubts about her religious faith tries to convert others to her religion.*

d. *A man who beats his wife writes a book arguing that people have an instinctive need for aggressive behavior.*

e. *A woman forgets a doctor's appointment for a test for cancer.*

f. *Someone who has difficulty dealing with certain people resorts to pouting, crying, and throwing tantrums.*

g. *A boss takes credit for a good idea suggested by an employee because, "It's better for me to take the credit so that our department will look good and all the employees will benefit."*

h. *Someone with an unacceptable impulse to shout obscenities becomes a writer of novels.*

(Check your answers on page 503.)

Manifestations of the Unconscious in Everyday Life

Freud believed that the unconscious made itself felt in nearly all aspects of ordinary life. Even an act that may be explained as "just a meaningless accident" reflects an unconscious motivation. For example, when one of Freud's patients "forgot" an appointment, Freud assumed the patient did not want to keep it. When a patient left something behind in Freud's office and had to come back to get it, Freud assumed that the patient enjoyed being with him and was unconsciously planting an excuse to return. Much of people's personality, Freud said, was based on unconscious motivations.

Freud also interpreted *slips of the tongue,* or what have come to be called "Freudian slips," as revelations of unconscious thoughts and motives. If you said "I leave you" when you intended to say "I love you," Freud would assume that your error revealed an unconscious rejection of your professed love.

Today, psychologists believe that most slips of the tongue and other such errors have multiple causes (Norman, 1981). For example, President Jimmy Carter once introduced former Vice President Hubert Horatio Humphrey as "Hubert Horatio Hornblower." Perhaps Carter thought of Humphrey as someone who "blows his own horn" too much. But even if we accept this as a Freudian slip, that is not the whole explanation. Horatio Hornblower was a character in a series of novels. Carter may have referred to Horatio Hornblower many times before, and after saying "Hubert Horatio" it would have been easy for him to substitute Hornblower for Humphrey.

Freudian Slips: What's the Evidence?

Freud claimed that what we say "by accident" reveals hidden motives. How can we test that claim?

We could follow people around and record all their slips of the tongue, or we could ask them to record all their own slips. But we would still have to guess or infer the hidden motives of the people we were following. And the people who were recording their own slips would have to decide which slips to record. If they were familiar with Freud's theory, they might record only the errors that seemed to fit the theory and ignore those that did not.

A second method would be to induce a motive—hunger, for example—for the purposes of an experiment. Then we could ask the hungry subjects to read a certain passage, and we could count how

many of their slips of the tongue had something to do with eating. We could repeat the experiment with people in whom we had induced a different motive, to see whether they made different slips.

But most people make so few slips of the tongue that the experiment might go on for months without yielding significant results. To test Freud's theory, we need a procedure that increases the frequency of slips of the tongue. Michael Motley and Bernard Baars (1979) devised such a procedure.

Hypothesis When people are performing a difficult task on which they are likely to make slips of the tongue, the kinds of slips they make will depend on the kinds of motivations they are feeling at the moment.

Method The experimenters divided 90 male college students into three groups: a "sex" group, a "shock" group, and a control group. Those in the sex group were greeted by a very attractive female experimenter dressed in a sexy outfit and behaving in a seductive manner. Those in the shock group were met by a male experimenter who attached electrodes to their arms and told them the electrodes were connected to a "random shock generator" that might or might not give them one or more painful shocks at unpredictable times during the experiment. (No shocks were actually given.) Those in the control group were met by a male experimenter who attached no electrodes to them and made no mention of shocks. Thus one group should have a heightened sexual motivation, one group should have a strong fear of shock, and one group should be concerned with neither sex nor shock during the experiment.

The students watched a screen on which the experimenters flashed pairs of words or nonsense syllables, such as "HAT-RAM" and "PIG-BIT." Each pair was flashed for one second. A buzzer sounded 0.4 second after each pair appeared, telling the students to speak aloud the *previous* pair. So, for example, after seeing "PIG-BIT," they would have to say "HAT-RAM" (the previous pair), and remember "PIG-BIT" to say after the next pair. About 30% of the time students made slips of the tongue. For example, they would say "HAT-RAM" as "RAT-HAM" and "PIG-BIT" as "BIG-PIT."

Some of the syllable pairs were designed to promote sex-related slips. For example, "GOXI-FURL" and "LOOD-GEGS" might be pronounced as "FOXY GIRL" and "GOOD-LEGS." Other pairs were designed to promote shock-related slips. For example, "SHAD-BOCK" and "WOT-HIRE" might be pronounced as "BAD-SHOCK" and "HOT-WIRE." Still other pairs did not suggest any slips related to either sex or shock.

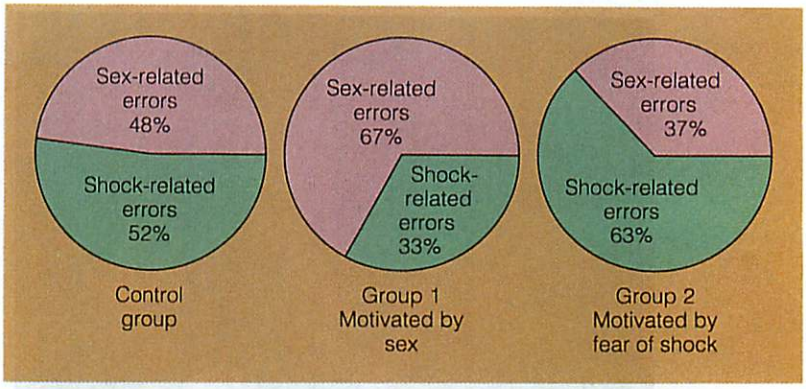


FIGURE 13.5

Your Freudian slip is showing: The frequency of sex-related and shock-related slips of the tongue by men who were motivated by sex, fear of shock, or neither. (Based on results of Motley & Baars, 1979.)

Results The men in the sex group made more than twice as many sex-related slips as shock-related slips. The opposite was true for the men in the shock group. Those in the control group made both types of error about equally. Figure 13.5 illustrates the results.

Interpretation The results support Freud's claim that a strong motivation can increase the frequency of slips of the tongue related to that motivation. Slips of the tongue may indeed tell us something about a person's thoughts and desires.

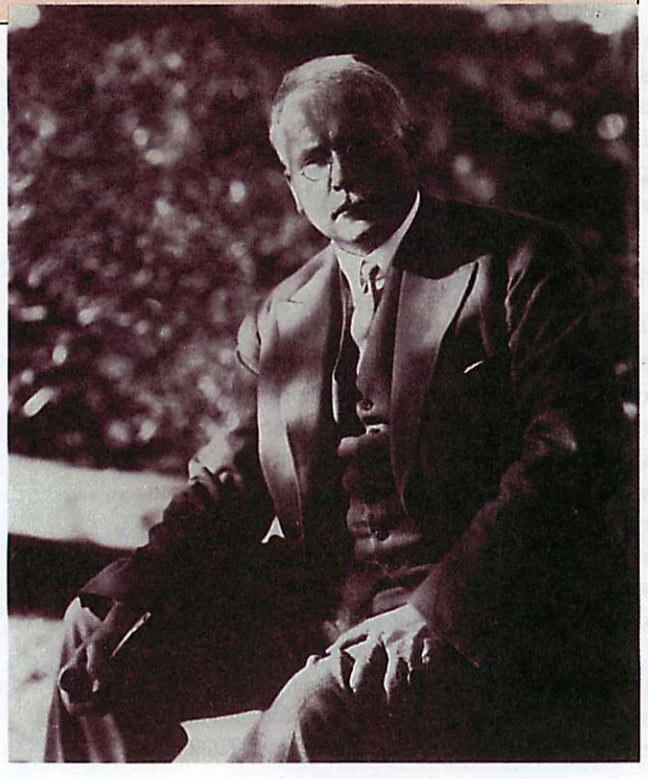
But the results do not support Freud's contention that hidden motivations are the *main* cause of slips of the tongue. Slips were common in this experiment because the task was so difficult. Having to say one pair while preparing to say another produced conflict between the two pairs that a subject was trying to remember. ■

The Legacy of Freud

Among Freud's contributions to the study of personality were his recognition of the importance of childhood experiences and the sex drive. His methods of treating psychological disorders led to the whole range of psychotherapeutic techniques, which we shall consider in Chapter 15. Still, it is difficult to evaluate how much of his theory is correct. Psychologists today express a wide range of opinions about Freud. Some follow his ideas closely, and others reject almost all his ideas as pseudoscience.

Some psychologists, known as **neo-Freudians**, have remained faithful to parts of Freud's theory while modifying other parts. One of the most influential neo-Freudians was Karen Horney (HOR-nigh;

Karen Horney, a major neo-Freudian, revised some of Freud's theories, while Carl G. Jung rejected some, including Freud's concept of dreams hiding their meaning from the conscious mind: "To me dreams are a part of nature which harbors no intention to deceive but expresses something as best it can" (Jung, 1965).



1885–1952), who believed that Freud had exaggerated the role of the sex drive in human behavior and had misunderstood the sexual motivations of women. Horney contended that Freud had slighted the importance of cultural influences on personality and was more interested in tracing the childhood sources of anxiety than he was in helping people deal with current problems. Still, Horney's views were more a revision than a rejection of Freud's theories. Other theorists, including Carl Jung and Alfred Adler, broke more sharply with Freud.

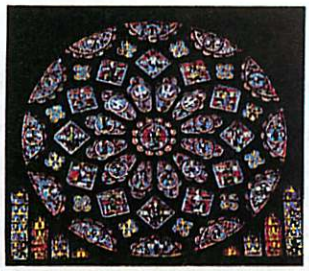
Carl G. Jung and the Collective Unconscious

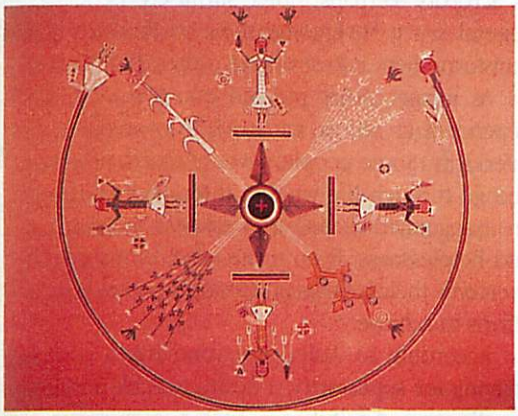
Carl G. Jung (YOONG; 1875–1961) was an early member of Freud's inner circle. Freud regarded Jung as a son, the "heir apparent" or "crown prince" of the psychoanalytic movement. But their father-son relationship gradually deteriorated (Alexander, 1982). At one point, Freud and Jung agreed to analyze each other's dreams. Freud described one of his dreams, but then refused to provide the personal associations that would enable Jung to interpret it, insisting that "I cannot risk my authority."

Jung was more forthcoming. He described a dream in which he explored the upper stories of a house, then explored its basement, and finally, discovering that the house had a subbasement, began to explore that. Jung thought the dream referred to his explorations of the mind. The top floor was the conscious; the basement was the unconscious; and the subbasement was a still deeper level of the unconscious, yet to be explored. Freud, however, insisted that the dream referred to Jung's personal experiences and frustrations (Hannah, 1976).

Jung's own theory of personality incorporated many of Freud's insights, but put greater emphasis on people's search for a spiritual meaning in life and on the continuity of human experience, past and present. Jung believed that every person has a conscious mind, a "personal unconscious" (equivalent to Freud's "unconscious"), and a collective unconscious. The personal unconscious represents a person's own experience. The **collective unconscious**, which is present at birth, represents the cumulative experience of preceding generations. Because all humans share a common ancestry, all have nearly the same collective unconscious. (Jung never explained how the collective unconscious might develop biologically.)

Jung drew his evidence for the collective unconscious from observations of various cultures. He pointed out that similar images emerge in the





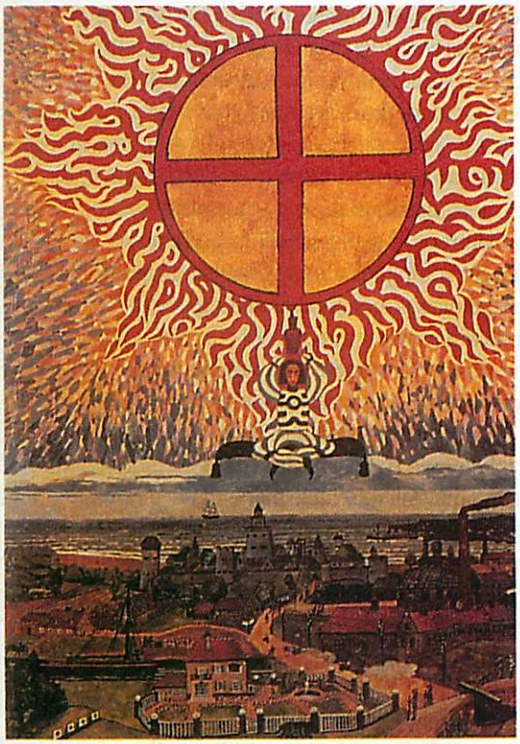


FIGURE 13.6

The mandala, or magic circle, is an image common to many cultures throughout history as a representation of the self. It symbolizes the self's striving for unity and wholeness. These mandalas (clockwise from upper left) are a rose window from Chartres cathedral, France (circa 1200); a Hindu painting; the work of Jung's patient Kristine Mann, who founded the New York Jung Institute; a Greek ceramic (circa 550 B.C.); a mosaic from Beth Alpha Synagogue, Israel (circa A.D. 500); Jung's painting of the sacred in a ring of flames above a world of war and technology (1920); and a Navajo sand painting, Southwest United States.

art of cultures throughout the world (Figure 13.6) and that similar themes emerge in religions, myths, and folklore. Those images and themes also appear in dreams and in the hallucinations of people with severe psychological disorders.

Jung's impact on contemporary psychology is hard to judge. Some psychotherapists make extensive use of his ideas, and most are at least aware of them. Many of his ideas are vague and mystical, however, and difficult to deal with scientifically.

Like Horney, Alfred Adler thought Freud put too much stress on the sex drive; Adler was very interested in feelings of self-esteem. How does his notion of striving for superiority compare with Maslow's goal of self-actualization (discussed in Chapter 11)?

Alfred Adler and Individual Psychology

Alfred Adler (1870–1937), a physician who, like Jung, had been one of Freud's early followers, broke with Freud because he believed Freud was overemphasizing the sex drive and neglecting other, more important influences on personality. Their disagreement reached a peak in 1911, with Freud insisting that women experience "penis envy" and with Adler contending that women were more likely to envy men's status and power. The two were never reconciled.

Adler founded a rival school of thought, which he called **individual psychology.** To Adler this term did not mean "psychology of the individual." Rather, it meant "indivisible psychology," a psychology of the person as a whole rather than a psychology of parts, such as id, ego, and superego. Adler agreed with Freud that childhood experiences have a crucial effect on personality, that many motives are outside conscious awareness, and that people can be helped to overcome their problems through a "talking cure." He put far more emphasis, however, on conscious, goal-directed behavior.

Adler's Description of Personality

Several of Adler's early patients were acrobats who had had an arm or a leg damaged by a childhood illness or injury. Determined to overcome their handicaps, they had worked hard to develop the strength and coordination they needed to perform as acrobats. Perhaps, Adler surmised, people in general try to overcome their weaknesses and transform them into strengths (Adler, 1932/1964).

As infants, Adler pointed out, we are small, dependent creatures; we strive to overcome our inferiority. Some people never succeed, however, and go through life with an **inferiority complex,** an exaggerated feeling of weakness, inadequacy, and helplessness. Even those who do manage to overcome their feelings of inferiority persist in their efforts to achieve.

According to Adler, everyone has a natural **striving for superiority,** a desire to seek personal excellence and fulfillment. Each person creates a **style of life,** or "master plan," for achieving a sense of superiority. That style of life may be directed toward success in business, sports, politics, or some other competitive activity. Or it may be directed toward "success" of a different sort: For example, someone who withdraws from life may gain a sense of accomplishment or superiority from being uncommonly self-sacrificing. Someone who constantly complains about real or imagined illnesses or handicaps may, by demanding help from friends and family, win a measure of control or superiority over them. Or someone may commit crimes in order to savor the attention they bring.

Adler recognized that people may not be aware of their own style of life and the assumptions behind it and may fail to realize that the real motive behind some word or action is to manipulate others. They may engage in self-defeating behavior because they have not admitted to themselves what their goals really are. Adler tried to determine people's real motives. For example, he would ask someone who complained of a backache, "How would your life be different if you could get rid of your backache?" Those who said they would become more active were presumably suffering from real ailments that they were trying to overcome. Those who said they could think of no way in which their life would change, or said only that they would get less sympathy from others, were presumably suffering from psychologically caused ailments or at least were exaggerating their discomfort.

Concept Check

3. In Adler's theory, what is the relationship between striving for superiority and style of life? (Check your answer on page 503.)

Adler's View of Psychological Disorders

Any personality based on a selfish style of life is unhealthy, Adler (1928) said. People's need for one another requires that they develop a **social interest**, a sense of solidarity and identification with other people. People with a strong social interest strive for superiority in a way that contributes to the welfare of the whole human race, not just to their own welfare. In equating mental health with a strong social interest, Adler saw mental health as a positive state, not just the absence of impairments.

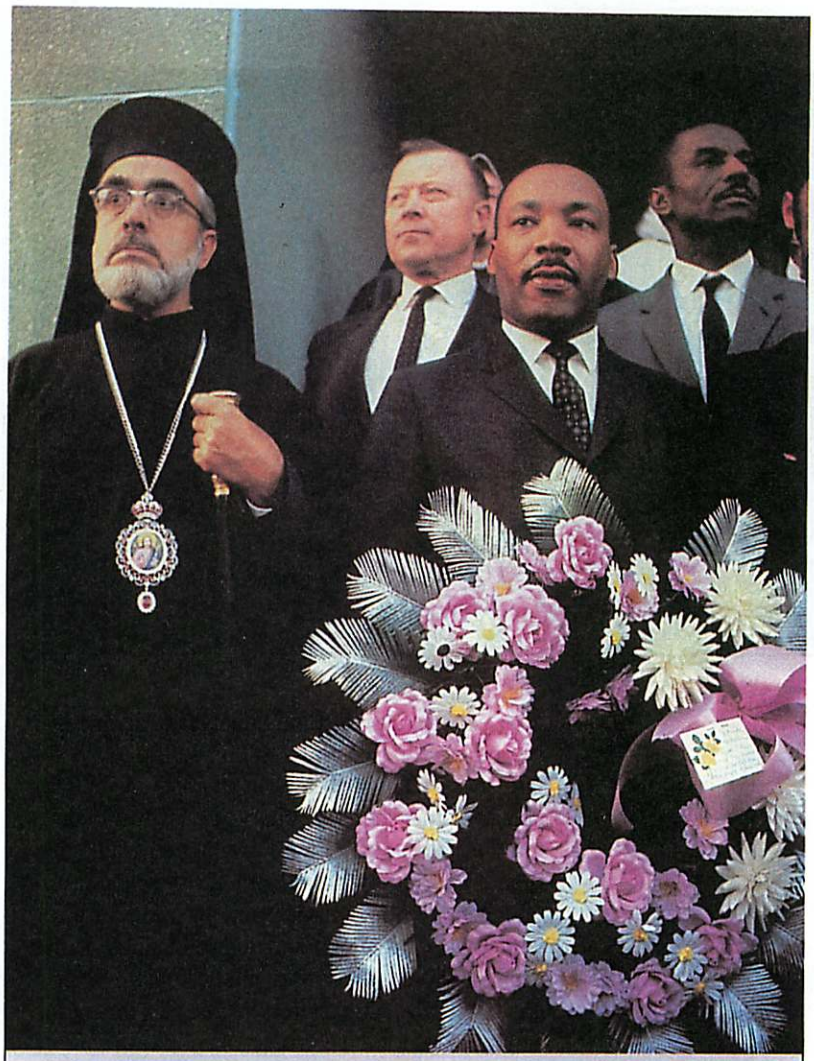
In Adler's view, people with psychological disorders are not suffering from an "illness." Rather, they have set immature goals, are following a faulty style of life, and show little social interest. Their response to new opportunity is "Yes, but . . ." (Adler, 1932). They are striving for superiority in ways that are useless to themselves and to others.

For example, one of Adler's patients was a man who lived in conflict with his wife because he was constantly trying to impress her and dominate her (Adler, 1927). In discussing his problems, the man revealed that he had been very slow to mature physically and had not reached puberty until he was 17 years old. Other teenagers had ignored him and had treated him like a child. He was now a physically normal adult, but he was overcompensating for those years of feeling inferior by trying to seem bigger and more important than he really was.

Adler tried to get patients to understand their own style of life and to correct the faulty assumptions on which it rested. He urged them to strengthen their social interest and to strive for superiority in ways that would benefit both themselves and others.

Adler's Legacy

Adler's influence on psychology exceeds his fame. His concept of the "inferiority complex" has become part of the common culture. He was the first to talk about mental health as a positive state rather than as merely the absence of impairments. Many later forms of therapy drew on Adler's innovations, especially his emphasis on the assumptions underlying a patient's behavior. Humanistic psychologists followed Adler in urging people to take responsibility for their own behavior and for modifying their style of life.

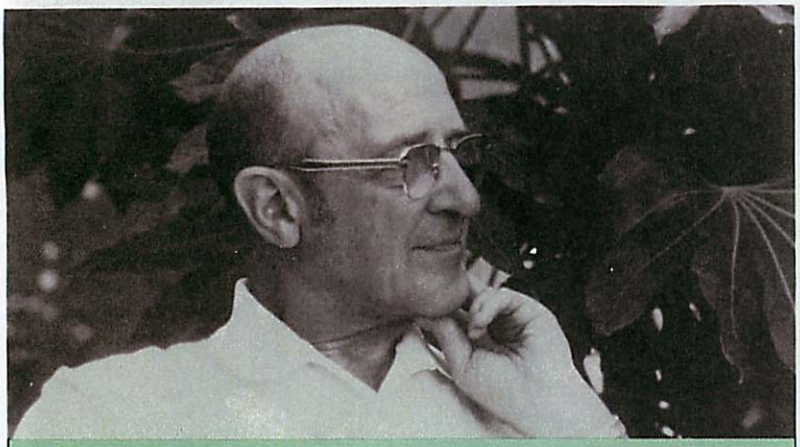


To Adler, a key element for mental health is having a social interest—an active concern for the welfare of society, not just your own welfare. Noting the failure of many to become involved in the well-being of others, Martin Luther King, Jr., said, "We shall have to repent in this generation . . . for the appalling silence of the good people."

Humanistic Psychology

In the 1950s and 1960s humanistic psychology emerged as a protest against both behaviorism and psychoanalysis, the dominant viewpoints in psychology at that time (Berlyne, 1981). Those two approaches, despite their many differences, are both rooted in *determinism* (the belief that every behavior has a cause) and in *reductionism* (the attempt to explain behavior in terms of its component elements). **Humanistic psychology** affirms the capacity of humans to determine their own course in life. Humanistic psychologists believe that personality can be understood only as a whole, not as an assemblage of parts. They also oppose the tendency of psychoanalysts to concentrate on people's problems and weaknesses. Humanistic psychologists prefer to emphasize people's potential, the "higher" side of human nature.

Humanistic psychologists deal with consciousness, values, and abstract beliefs, including the spir-



In search of excellence: Carl Rogers maintained that striving for excellence through self-actualization is a natural human goal. Scores of best-selling self-help books support this idea.

itual experiences and the beliefs that people live by and die for. According to humanistic psychologists, personality depends on what people believe and how they perceive the world. If you believe that a particular experience was highly meaningful, then it *was* highly meaningful. A psychologist can understand your behavior only by asking you for your own evaluations and interpretations of the events in your life. Consequently, humanistic psychologists have little interest in reporting the means and medians for large groups of people. In spite of the risks of relying on anecdotal evidence, they prefer to study unique individuals and unique experiences—the exceptions to the rule, not just the rule itself.

For example, humanistic psychologists study growth experiences—the moments that people identify as points of transition, when they may say, "Aha! Now I have become an adult," or "Now I have truly committed my life to this goal" (Frick, 1983). They also study **peak experiences**, moments in which a person feels truly fulfilled, content, and at peace. Some people report that they "feel at one with the universe" when they hear "thrilling" music, or take part in an emotional religious ceremony, or achieve some great accomplishment. Some mountain-climbers who have scaled Mount Everest report what is literally a "peak" experience (Lester, 1983).

Carl Rogers and the Goal of Self-Actualization

Carl Rogers, one of the founders of humanistic psychology, studied theology before turning to psychology, and the influence of those early studies is apparent in his view of human nature.

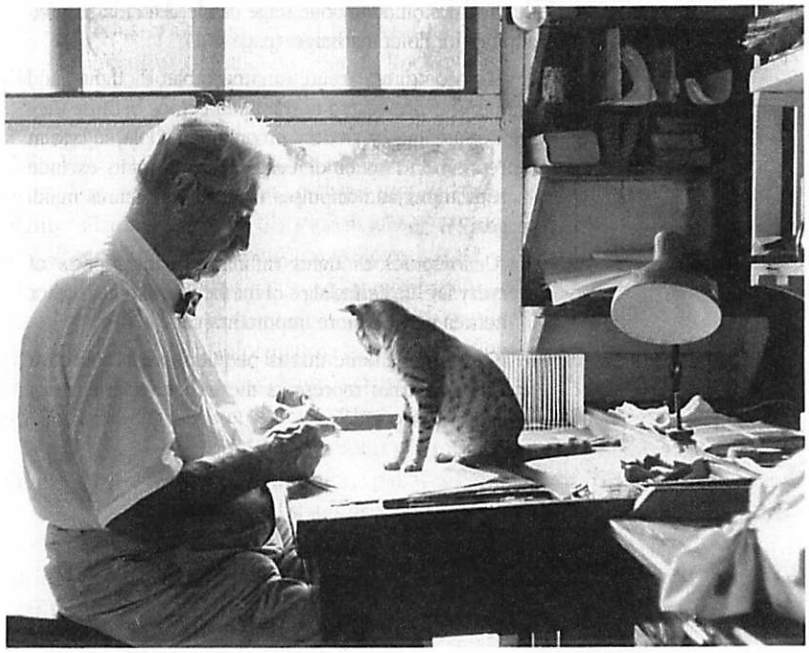
Rogers (1980) holds that human nature is basically good. People have a natural drive toward **self-actualization**, which means the achievement of their full potential. According to Rogers, it is as natural for people to strive for excellence as it is for a plant to grow. The drive for self-actualization is the basic drive behind the development of personality. (To some extent, Rogers's concept of self-actualization is similar to Adler's concept of striving for superiority.)

Beginning at an early age, children evaluate themselves and their actions. They learn that what they do is sometimes good and sometimes bad. They develop a **self-concept**, an image of what they really are, and an **ideal self**, an image of what they wish they were. Rogers measured a person's self-concept and ideal self by handing the person a stack of cards containing statements such as "I am honest" and "I am suspicious of others." The person would then sort the statements into two piles: *true of me* and *not true of me.* Then Rogers would provide an identical stack of cards and ask the person to sort them into two piles: *true of my ideal self* and *not true of my ideal self.* In this manner he could determine whether someone's self-concept was similar to his or her ideal self. People who perceive a great discrepancy between the two generally experience distress. Humanistic psychologists try to help people overcome that distress, either by improving their self-concept or by changing their ideal self.

To promote human welfare, Rogers maintains, people should relate to one another with **unconditional positive regard**, a relationship that Thomas Harris (1967) has described with the phrase "I'm OK, you're OK." Unconditional positive regard is the complete, unqualified acceptance of another person as he or she is, much like the love of a parent for a child. If someone expresses anger, or even a desire to kill, the listener should accept that as an understandable feeling, even while discouraging the other person from acting on the impulse. This view resembles the Christian admonition to "hate the sin but love the sinner."

Abraham Maslow and the Self-Actualized Personality

Abraham Maslow, another of the founders of humanistic psychology, proposed that people have a hierarchy of needs, an idea we considered in Chapter 11. The highest of those needs is self-actualization, the fulfillment of a person's potential. What kind of person achieves self-actualization, and what is the result of achieving it? Maslow (1962, 1971) sought to describe the self-actualized per-



sonality. He complained that psychologists concentrate on disordered personalities, reflecting the medical view that health is merely the absence of disease. They seem to assume that all personality is either "normal" (that is, bland) or undesirable. Maslow insisted, as Adler had, that personality may differ from the "normal" in positive, desirable ways.

To determine the characteristics of the self-actualized personality, Maslow made a list of people who in his opinion had achieved their full potential. His list included people he knew personally as well as figures from history (Figure 13.7). He then sought to discover what they had in common.

According to Maslow (1962, 1971), people with a self-actualized personality show the following characteristics:

1. An accurate perception of reality. They perceive the world as it is, not as they would like it to be. They are willing to accept uncertainty and ambiguity when necessary.
2. Independence, creativity, and spontaneity. They follow their own impulses.
3. Acceptance of themselves and others. They treat people with unconditional positive regard.
4. A problem-centered outlook, rather than a self-centered outlook. They think about how best to solve a problem, not how to make themselves look good.
5. Enjoyment of life. They are open to positive experiences, including "peak experiences."
6. A good sense of humor.

Critics have attacked Maslow's description on the grounds that, because it is based on his own choice of subjects, it may simply reflect the char-

FIGURE 13.7

Humanistic psychologist Abraham Maslow (left) and two people he considered self-actualized: Jane Addams and Albert Schweitzer. In *Motivation and Personality,* Maslow (1970) listed people who he thought lived up to their full potential, among them William James, Eleanor Roosevelt, and Thomas Jefferson. His longer list of "potential or possible cases" includes poets and other writers, artists in several fields, philosophers, and social leaders: John Keats, Ralph W. Emerson, Ida Tarbell, Pierre Renoir, Pablo Casals, Joseph Haydn, Thomas More, John Muir, Harriet Tubman, and Eugene Debs. Addams (1860–1935), a social worker and leading suffragette, founded Chicago's Hull House, a settlement providing community services for the poor. Schweitzer (1875–1965) practiced his concept of ethics as "reverence for life" as a physician and missionary in central Africa. Both Addams and Schweitzer received the Nobel Peace Prize.

acteristics he himself admired. In any case, Maslow set a precedent for other attempts to define a healthy personality as something more than personality without disorder.

Summary

1. Personality consists of all the stable, consistent ways in which the behavior of one person differs from that of others. Theories of personality are closely related to conceptions of human nature. Some observers believe that human beings are basically hostile and need to be restrained (Hobbes, Freud). Others believe that human beings are basically good and are hampered by restraints (Rousseau, Rogers). (page 467)

2. Sigmund Freud, the founder of psychoanalysis, proposed that human behavior is greatly influenced by unconscious thoughts and motives. (page 469)

3. Freud believed that many unconscious thoughts and motives are sexual in nature. He proposed that people progress through stages or periods of psychosexual development—oral, anal, phallic, latent, and genital—and that frustration at any one stage can lead to a lasting fixation of libido at that stage. (page 471)

4. According to Freud, unacceptable thoughts and impulses are relegated to the unconscious because they are threatening or anxiety provoking. People engage in repression and other defense mechanisms to exclude such thoughts and impulses from the conscious mind. (page 473)

5. Unconscious thoughts influence many aspects of everyday life, including slips of the tongue, although other influences may be more important. (page 476)

6. Carl Jung believed that all people share a "collective unconscious" that represents the entire experience of humanity. (page 478)

7. Alfred Adler proposed that people's primary motivation is a striving for superiority. Each person adopts his or her own "style of life," or method of striving for superiority. (page 480)

8. According to Adler, the healthiest style of life is one that emphasizes "social interest"—that is, concern for the welfare of others. (page 481)

9. Humanistic psychologists emphasize conscious, deliberate decision making and the capacity to achieve one's full potential. (page 481)

10. Carl Rogers focused attention on the discrepancies between a person's self-concept and his or her ideal self. He recommended that people relate to one another with unconditional positive regard. (page 482)

11. Abraham Maslow described a self-actualized personality, which he said was characteristic of people who achieve their full potential. (page 482)

Suggestions for Further Reading

Adler, A. (1954). *Understanding human nature.* Greenwich, CT: Fawcett. (Original work published 1927.) Adler's most general and most popular book.

Freud, S. (1924). *Introductory lectures on psychoanalysis.* New York: Boni & Liveright. Available in various paperback editions, this is Freud's attempt to describe the fundamentals of his theory to a general audience.

Maslow, A. H. (1962). *Toward a psychology of being.* Princeton, NJ: Van Nostrand. A good introduction to humanistic psychology.