

Lindenwood University

Digital Commons@Lindenwood University

Theses

Theses & Dissertations

1989

A Survey of Psychotherapists Conceptions of Self-Actualization

Constance C. Jones

Follow this and additional works at: <https://digitalcommons.lindenwood.edu/theses>



Part of the Psychology Commons

A SURVEY OF PSYCHOTHERAPISTS'

CONCEPTIONS OF SELF-ACTUALIZATION

Constance C. Jones, B.A.

An Abstract Presented to the Faculty of the
Graduate School of Lindenwood College in Partial
Fulfillment of the Requirements for the
Degree of Master of Arts

1989

ABSTRACT

Therapists' views of the nature, function, and effect of the self-actualizing capacity in their clients were investigated. Variation in views as a function of therapists' gender, experience, and theoretical orientation was also examined.

The researcher gathered the information by randomly selecting psychologists from the American Psychological Association's Register and asking 35 men and 25 women to respond to a 12-question self-administered questionnaire.

The results from the questionnaires were coded and grouped into general categories. The responses seemed to fall naturally into two broad groupings of (a) psychological and physical (internal phenomena) effects or (b) factors or environmental (external phenomena) effects.

Five of the 36 chi-square tests run were significant. One of these tests showed a strong relationship between theoretical orientation and the responses given. The remaining significant relationships indicated weak association between the variables. Thus, responses typically did not vary as a function of differences in gender, level of experience, or theoretical orientation. The respondents agreed with each other much more than they disagreed in spite of the fact that they varied in gender, level of

experience, and theoretical orientation. The findings indicate that there is wide agreement on the nature and process of self-actualization across the demographic groupings examined here.

COMMITTEE IN CHARGE OF CANDIDACY

Assistant Professor Susan A. Myers, Ph. D.
Chairperson and Advisor

Professor James D. Evans, Ph. D.

Adjunct Professor John T. Shaffer, D. Min.

To my children, Sarah and Bobby,
whose inner spirits are so bright and strong
that they led me back to mine.

TABLE OF CONTENTS

Chapter	Page
1	INTRODUCTION.....1
2	LITERATURE REVIEW.....5
	Historical Perspective.....5
	Biological Analogue.....8
	Definition of Self.....13
	Definition of Self-actualization.....21
	Process of Self-actualization.....25
	Thwarted Self-actualization.....27
	Facilitated Self-actualization.....30
	Results of Self-actualization.....32
	Definition of integration.....35
	Critique of Self-actualization.....37
	Statement of the problem.....38
3	METHOD.....43
	Subjects.....43
	Materials.....43
	Procedure.....45
	Scoring and Analysis.....45
4	RESULTS.....57
5	DISCUSSION.....90
	Presence of Self-actualization.....90
	Nature of Self-actualization.....92
	Facilitation or Hindrance of Self-actualization.....93
	Effects of Self-actualization.....95

Relation of Therapy to
Self-actualization.....96

Conclusions.....97

Critique.....98

Suggestions.....100

6 REFERENCES.....101

7 APPENDICES.....103

B VITA AUCTORIS.....150

CHAPTER 1

INTRODUCTION

This paper concerns that aspect of our humanness, the inner force, that enables men, women, and children to overcome psychological obstacles and damage in order to experience a sense of wholeness, worthwhileness, and aliveness. Although this "something" has been labeled many things by many people throughout the ages, the present writer has chosen the term, the inner actualizing dynamism, to signify that the life-giving force emanates from within the individual. It is not a mechanism as such, but a force or energy. It not only empowers individuals to recover from damage, it enables people to fulfill the potentialities that are uniquely endowed to them. Thus the term actualizing is germane to the label chosen for this inner process.

The psychic damage that an individual may experience may be massive or small; the breadth and depth of the potentialities inherent in each individual may also vary. But the present writer contends that within each person is the capacity to master difficulty and achieve actualization. The latter assertion expresses the principal assumption adopted throughout this paper.

Frankl (1976) experienced and described the human capacity to overcome difficulty and grow. Exactly at

the time when it seemed most likely that the human will would be extinguished in the prisoners of the Nazi concentration camps, some prisoners' wills actually strengthened. In spite of the apathy and extremely adverse conditions, some prisoners deepened their sense of inner value and resolve. Frankl (1976) stated that psychic and physical stress were overcome, and independence of mind and spiritual freedom were maintained.

Great thinkers (e.g., Plato, Plotinus, and William James) throughout the ages have questioned the nature of this inner force. Its importance has alternately been expressed and debunked. Jung (1933) considered it beyond the power of the intellect to measure or understand. According to Wassell (1980), Buddhists do not believe that the essence of this inner nature can be an object of empirical knowledge. Also, many schools of psychology do not believe or give any focus to any such reality as an inner force. Rational-Emotive Therapy, Family Therapy, Behavior Therapy, Body Therapies, and Primal Therapy give no attention or emphasis to the inner spirit at all (Corsini, 1984).

In the psychoanalysis literature some acknowledgement is given to an inner force. Through psychoanalysis, an individual is enabled to experience a transformation and actualize personal potentials

(Corsini, 1984). Adler referred to an inner dynamism in the statement, "The life of a human soul is not a "being" but a 'becoming' (Corsini, 1984, p. 57). The mode of relationship to one's self is also addressed in existential psychotherapy. This is called "Eigenwelt" and it assumes self-awareness and self-relatedness (Corsini, 1984).

Some contemporary psychologists interested in this inner nature include Jung (1933), Maslow (1968), Rogers (1961), and Horney (1950). Their views are considered in this paper. Also included in this study are definitions of the self and actualization, as well as what can facilitate or thwart the process of growth. Finally, the importance of therapists' attitudes and viewpoints concerning the capacity of their clients to actualize is investigated.

The purpose of this study is to conduct an empirical survey of practitioners' conceptions of self-actualization. This is important because clients can progress with the therapist only as far as the therapist can conceive of the client's potential. Thus, the therapist's attitude toward healing and growth significantly influences therapeutic outcome. It is imperative to determine therapists' opinions regarding the capacity of their clients and to see if this varies across gender, level of experience, or

theoretical orientation.

The first part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

The second part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

The third part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

The fourth part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

The fifth part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

The sixth part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

The seventh part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

The eighth part of the paper discusses the theoretical orientation of the study. It begins by outlining the research objectives and the theoretical framework that guides the study. The author then discusses the research methodology and the data collection process. The paper then presents the results of the study and discusses the implications of the findings. The author concludes by summarizing the main findings and providing recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

Historical Perspective

The belief that human beings are endowed with an inherent creative process is one that has been passed down through the ages (Wassell, 1980). As long ago as 400-500 B.C. the Taoist philosophy espoused the view that humans possess a wise inner nature. Plato also expressed the idea that one universal life force exists in all of nature including humankind (Wassell, 1980).

Varied and widespread spiritual traditions and mystical teachings agree that the source of wisdom is within each person (Vaughan, 1982). The source is perceived to be the same, and the value of accessing this inner wisdom has been stressed. Christians are told that "the kingdom of God is within," Buddhists claim that wisdom lies in the realization of "our own true nature," Hindus seek to discover the "Atman," and current psychologists refer to the "Self" (Vaughan, 1982).

Since humankind's earliest beginnings, the thought was held that the "soul" had a substance, that is, an independent existence which was separate from the body (Jung, 1933). This view was firmly entrenched until the second half of the nineteenth century. But in the half century following 1890 few American psychologists

referred to this inner resource and none used the term "soul" (Allport, 1955). What had been a major issue in philosophical, religious and ethical traditions throughout history was no longer considered scientific. What could not be perceived by the five senses (e.g., seen, tasted, or touched) or traced back to physical causes (e.g., observable chemical reactions) was held in doubt (Jung, 1933). According to Jung (1933), only material objects can be studied scientifically.

Psychologists sought to emulate the established sciences and did so by focusing on problems that lend themselves to being operationalized (Allport, 1955). Because of the preference for studying external events rather than internal patterns and because of an apparent lack of objective methods for investigating the issue of the self, the topic was avoided. As a result animal psychology and mathematical psychology became highly developed (Allport, 1955).

While the concept of the self was left alone and the idea of an autonomous force or spirit was discarded, the mind came to be viewed in terms of biochemical processes and regarded as entirely dependent upon physical causation (Jung, 1933).

Currently there is another shift in thinking in psychology (Jung, 1933). The issue and importance of the concept of "self" are being reconsidered. Ego

psychologists and humanistic psychologists are reintroducing the term "self" even though some orthodox psychoanalysts, those utilizing the traditional concepts of Freud, still do not give any weight to the idea of self-actualization because they hold on to the view that it is unscientific (Wassell, 1980).

Wassell (1980) stated:

Perhaps a new vitalism is manifesting itself today. The "old" vitalism, the *elan vital* of Bergson, was cast aside by an over-preoccupation with a perfectionistic "scientism" and mechanization, a focus on parts rather than on wholeness. While measuring and comparing are certainly of value, the temptation is great to place attention on externals as a magical solution. All psychoanalytic approaches acknowledge Freud's innovative idea that unconscious factors determine external behavior. However, despite this, those motivated by the "anatomy is destiny" thesis, by an overconcern with the "outer," tend to ignore the inner source. There are, of course, still others who believe that there is "spirit" but that it emanates from the physical, which in their view is basic. Then there is the metaphysical philosophy that one, transcendental universal life force, constantly evolving and unfolding, assumes many forms. Women and men in their essence are expressions of it, and it assumes form in them on the human level. (p. 335)

Jung (1933) attempted an integration of the "material" and the "spiritual" (p.180). Instead of viewing the situation in terms of all or nothing, he tried to unite the two. It is within the human psyche that both "matter" and "spirit" operate together (p. 180). Although the psyche is dependent upon a body, it is within the psyche that the two integrate. The psyche is the deep core which exists within each

individual (Jung, 1933).

Biological Analogue

Goldstein (1939) and Angyal (1967) described a biological equivalent to the psychological phenomenon of self-actualization. Both authors offered a holistic approach that human beings are more than the sum of their physiological, psychological, and sociological parts (Angyal, 1967).

Both Goldstein (1939) and Angyal (1967) expressed the view that neither the organism nor the personality could be understood by studying its irreducible parts separately and then looking at the whole. Although each structure does have a specific function, the functioning cannot be understood without considering its relation to the whole. The various parts of an organism exist in definite relationship to another; a change or alteration in one structure simultaneously produces changes in other regions. If it so happens that one part of the organism is so completely destroyed that an adjustment in that region becomes impossible, a substitute reaction occurs in another area.

Goldstein (1939) cited this phenomenon in his studies of the nervous system in which the brain cortex was damaged in medical patients. He described the way in which a damaged organism modifies itself so as to

reestablish a sense of order. There are certain adjustments that a disordered organism makes in spite of the defect in order to handle the demands of the environment. These include modifying the performance of certain tasks or modifying the situation itself, avoidance of anxiety producing situations, and maintaining order so as to not be challenged with undue amount of change. Thus, an organism that has suffered a defect adjusts itself in order for it to be able to perform at important tasks. The predisposition towards actualization was considered primal (Goldstein, 1939). In this context the term actualization refers to the ability of an organism to reestablish order after experiencing damage.

Angyal (1967) observed the tendency of organisms to move in the direction of increasing autonomy. Although in some situations the organism does not succeed in achieving an increased degree of autonomy, this occurs as a result of repression by the environment, not as a reflection of the life process of the organism. Life is a dynamic event in which the life processes not only preserve life but tend to continuously expand the limits of the organism toward an ever increasing degree of autonomy. The tendency of the organism to expand and reach greater levels of autonomy is universal (Angyal, 1967).

It is important to make the distinction that the universal tendency towards autonomy is not a specific entity but rather the pattern of the life process. That is, the striving for growth is a basic expression of the direction according to which the life process occurs, not a hidden principle that directs events from behind the scene. This descriptive generalization is analogous to certain processes described in physics (e. g., the law of free fall occurs in accordance with a specific pattern). The law of free fall does not assume that an entity exists which forces the object to fall; the formula is expressed as a pattern of the process. Angyal (1967) considered the way in which an organism strives for autonomy. He stressed that the striving for autonomy was not contradicted even when the organism regresses because of constraints in the environment and returns to a more primitive level of functioning, one that was mastered at an earlier date.

The striving for autonomy can also be viewed from an evolutionary standpoint. Schachtel (1959) referred to the striving for autonomy as the emergence from embeddedness. This is illustrated in the animal world as there is an increase in active mobility and independence from the lower species on the evolutionary scale to the higher ones. Independence and emergence from embeddedness is greatly expanded in the warm-blooded

animals. Then again, in humankind, another great gain of expansion of capabilities is evidenced as compared to the primates. Because humankind possesses reflective consciousness, it is possible to extend the limits of development even further. Exactly what limits humans can reach remains to be seen (Schachtel, 1959).

Although all organisms possess a basic tendency to preserve their existence, they also do more than that. While the most primal motivation of an organism is to stay alive, all organisms have an inherent drive to actualize their particular potentialities (Schachtel, 1959). Life and development of capabilities are one and the same.

Rogers (1951) agreed with Schachtel's contention that the aim of a person's life can be understood as the unfoldment of individual potentialities according to the laws of the person's particular nature. The fundamental needs of an organism are to maintain itself by ingesting food, to behave defensively in the face of danger, and to move in the direction of maturation (Rogers, 1951).

The directional force in life is operative in all species and has been regarded as fundamental by many scientists, even though it is an abstract concept and has not been well described in operational terms. Self-actualization is a directional term and refers to the

movement towards greater independence and responsibility. This holds true for unconscious organic functions, such as regulation of body heat, as well as for intellectual processes (Rogers, 1951). Inherent to being alive as a human being is a capacity to develop one's individual potentialities (Schachtel, 1959).

The growth impulse is evident in the human organism from conception to old age and is the foundation upon which humans depend in a most fundamental manner (Rogers, 1951). Rogers cited the growth force not only in clients where the issues and choices were relatively clear and simple, but also in more serious cases in which the individuals confronted a psychotic break or suicide wish. The desire to grow and gain in independence and autonomy was present even though the pain endured was greater than that involved with maintaining the status quo (Rogers, 1951). Rogers felt that the tendency for self-enhancement is always available and when given the choice between growth and comfortable dependence, the organism chooses greater independence and autonomy even at the cost of enduring struggle and pain. The power and process of the directional life force can be symbolized by a child's learning to walk. Even though it would be more comfortable and less risky for a

child to remain infantile and passive, a child struggles and endures failure and pain to achieve mastery with walking (Rogers, 1951).

Just as the body is a self-regulating and self-actualizing organism, so is the human psyche. The unconscious contains the regulating factors which determine mental health (Jung, 1968).

Concept of the Self

The self goes by many names, and the word self has many meanings. Questions regarding the self have been discredited from psychology in the recent past because it is difficult to operationalize. At the present time, however, issues related to the self have reappeared in psychological discourse. Many schools of thought are centering upon the question of the sense of identity (Lynd, 1958).

According to Lynd (1958) the term self is diversely utilized. Freud rarely used the term. Sullivan used self-dynamism to describe the process of development. Jung used the concept of individuation in reference to selfhood to describe the integration of conscious and unconscious aspects of the personality (Lynd, 1958).

Allport (1955) felt that specifying a definition of self is a crucial question in understanding growth:

Since the time of Wundt, the central objection of psychology to self, and also to soul, has been that the concept seems question-begging. It is temptingly easy to assign functions that are not

fully understood to a mysterious central agency, and then to declare that "it" performs in such a way as to unify the personality and maintain its integrity. (p. 36)

Allport contended that psychology as a science would be handicapped by maintaining this concept of the self.

Making the matter even more complicated is the view that the self can be discovered only through another abstract process, growth or self-actualization (Maslow, 1968). According to that position, the self is discovered when an individual grows. That is, growth occurs in an individual when the movement forward is gratifying. The forward direction of growth validates and affirms itself better than any alternative (Maslow, 1968).

In Maslow's view, each human being possesses a basic inner core or real self. The self has a biological base with hereditary determinants (Maslow, 1968). The biological base includes temperament, physiological balances, and basic capacities and talents. The inner core manifests itself as natural inclinations and begins to emerge as soon as the child is born. Environment plays a role in shaping which potentialities actualize.

Although the inner nature of an individual rarely perishes, it can be suppressed or repressed and sometimes even destroyed permanently (Maslow, 1968). The inner core gives off impulse voices which guide

the self toward healthy and creative growth. These can easily be overcome by fear and a condemning environment. The impulse voices which lead an individual toward growth are difficult to discern. But it is crucial for an individual to be able to hear them and be guided by them because authentic selfhood is at stake. Authentic selfhood is synonymous with psychological health. The converse is also true. If the inner nature of a person is in some way denied or suppressed, illness is manifested in either obvious or subtle forms (Maslow, 1968).

Each person's inner nature, or self, shares characteristics which are species-wide, but also has some that are unique. For example, every human being has a need for love but some specifically pursue interests in music (Maslow, 1968). Also, some individual differences can occur in the strength of the inner messages.

Maslow (1968) viewed life as a series of choices. Human beings are constantly confronted with decisions and they can make choices that either facilitate growth or undermine it. Because the impulse voices from the inner nature guide and direct growth, being sensitive to the inner self is imperative.

The inner nature does not have to be feared because it is basically good or neutral (Maslow, 1968).

Courage, creativeness, and kindness are uncovered in therapy and are thus considered to be more basic to humankind than fear and malice. Aggressiveness is seen as a response to an abusive or neglectful environment (Maslow, 1968). When gratification of essential needs are met, including acceptance and respect of the person's inner self, the individual chooses what is optimal for growth. Maslow (1971) referred to these impulse voices as the inner Supreme Court. Whereas Freud felt that a person's past exists currently within the person, Maslow viewed the person as also containing the future.

Maslow (1968) considered it possible to scientifically and objectively investigate the inner core, or self. He felt it possible to discover its nature, not just to conjecture about it. Studying and uncovering the inner core might be accomplished by the use of psychotherapy or by undertaking a subjective inner search.

To Jung, the Self existed as an archetype that represents humankind's striving for unity and wholeness. He discovered the Self in his studies of the religions of the Orient (Hall & Lindzey, 1978). The concept of the Self is probably the most significant of Jung's psychological discoveries and is a representation of his extensive studies of archetypes.

An archetype is defined as a preformed universal pattern of thinking and acting. Jung borrowed the term from St. Augustine (Jung, 1968). He felt the aim of one's life was to come to terms with one's polarities and to search for wholeness. To be an integrated personality one must develop an awareness of all one's component parts so as to enjoy a harmonious functioning between them. Jung labeled this process individuation. Individuation is crucial because it leads one to one's self. At the center of an integrated personality is the Self.

Jung equated the soul with his term, the Self, and defined it as an inner guiding factor that leads one to fulfill one's destiny. Jung believed there existed a mysterious unknowable hidden God who speaks to the individual from the depths of the soul (Franz, 1975). He felt that this inner voice offered superior insight and was eternal, that not even physical death could extinguish it.

According to Jung (1968), to be alone with the Self, or soul, is the highest human achievement. In fact one must be alone with the soul in order to discover the experience of an indestructible foundation and support. To know one's Self is to know wholeness (Jung, 1968).

This is not an easy task, however. Jung felt that the quest for the Self, the process of

individuation, was a laborious and painful process but the only way by which an individual can achieve self-acceptance and mastery. Creative decisions and the courage to act on them come from the Self (Franz, 1975). This inner Self or voice is one's guide. It offers one the urgings, messages and guidance needed in order to express one's highest and truest potential in the world. Jung (1965) cited several instances in his autobiography, Memories, Dreams, Reflections, in which he followed his own inner law and experience in defiance of the world. This "jewel of wholeness" (Jung, 1965, p. 138) guided him to defend Freud when it was unpopular to do so and to break ties with him when that was risky.

Horney (1950) used the term "real self" to describe the personal center within each human being that enables each individual to make decisions and achieve integration and wholeness. It is a growth principle that constantly unfolds. Horney (1950) discarded the term "ego" and broke from Freud when she stated, "For Freud the 'ego' is like an employee who has functions but no initiative and no executive powers. For me the real self is the spring of emotional forces, of constructive energies, of directive and judiciary powers" (pp. 173-174).

The real self is operative in the healthy person

and an integration is achieved by being oneself. It is the wellspring of spontaneous feelings, interests, and energies (Wassell, 1980). The real self also contains the capacity for expression in interpersonal relationships. This enables individuals to discover their unique set of values and aims in life. It can be thought of as a central inner force that is common to all human beings yet unique to each, the deep source of growth (Horney, 1950).

Alienation from the real self is costly. Without a significant connection to the alive center of oneself, an individual is buffeted by conflicts instead of merely experiencing them. In alliance with the real self, self-confidence can be shaken but not uprooted. One can experience disturbances in personal relationships without having to sever ties completely. That is, an individual must have a deeply grounded sense of self before one can experience the balance of having self-confidence (Horney, 1950).

Under favorable conditions in an individual's childhood, growth naturally unfolds and continues to emerge throughout life. Growth is a process with new patterns always forming while old ones are discarded. Should the process somehow be blocked, the individual suffers neurosis and is not fully individualized (Wassell, 1980). The real self can also be thought of

as the missing link between the psychological and the spiritual (Rowan, 1983).

The concept of the creative self was Adler's most significant contribution to personality theory (Hall & Lindzey, 1978). The creative self is the foundation and supreme aspect of the personality structure. Hall and Lindzey (1978) stated:

Like all first causes, the creative power of the Self is hard to describe. We can see its effects, but we cannot see it. It is something that intervenes between the stimuli acting upon the person and the responses the person makes to these stimuli. In essence, the doctrine of a creative self asserts that humans make their own personalities. They construct them out of the raw material of heredity and experience. (p. 166)

The creative self is a concept similar to that of the soul, in that it is the dynamic principle of human life; it gives life meaning as well as direction (Hall & Lindzey, 1978).

The self and its tendencies to actualize are also of major importance in Roger's theory (1961). Rogers expressed the view that therapists depend upon the self-actualizing drive in clients in order to help them improve because, he felt, the basic urge to grow was stronger in his clients than was the tendency to regress. Rogers stated:

Speaking personally, I began my work with the settled notion that the 'self' was a vague, ambiguous, scientifically meaningless term which had gone out of the psychologist's vocabulary with the departure of the introspectionists. Consequently I was slow in recognizing that when

clients were given the opportunity to express their problems and their attitudes in their own terms, without any guidance or interpretation, they tended to talk in terms of the self.... It seemed clear....that the self was an important element in the experience of the client, and that in some odd sense his goal was to become his 'real self'. (cited in Hall & Lindzey, 1978, p. 286)

While the inner self has been described as a process and experience, Assagioli (1987) thought of the self as a permanent center, a synthesizing agent. Even though not much is yet understood about the self, he felt there were several methods by which the nature of the self could be discerned and that further research was warranted (Assagioli, 1987). In his method of psychotherapy, called psychosynthesis, he offered a means by which an individual can reach the essence of the self.

Concept of Self-actualization

Just as there are many terms for the concept of self, so are there for the motivation in human beings to change and grow in the course of life. Maslow spoke of self-actualization, Jung of individuation, and Adler of creative selfhood (Hall & Lindzey, 1978, p. 452). Growth, individuation, self-development, self-realization, are all basically synonymous with self-actualization. The present writer chooses the term self-actualization to describe the process by which the self develops and expresses latent capacities and

potentialities. Growth is an unfolding which proceeds in inherent order. It characterizes an active will toward health, an impulse toward actualization (Maslow, 1971). Maslow realized that the concept of self-actualization was an abstraction and could not be sharply defined. He did not think it was possible to clearly describe self-actualization because present understanding of it is not broad enough. Maslow (1968) thought it would distort matters more than clarify them to sharply define it prematurely.

Maslow (1968) was not blind to the regressive forces which exist within humankind. He understood these tendencies as those which compel individuals to cling to safety and defensiveness, to be afraid of independence and separateness. If safety is in question, an individual tends to opt for protection over growth. But once an individual is relatively assured of survival, the growth forces activate. This is indicated in the ongoing development of potentialities, capabilities, and talents.

Self-actualization is different from homeostasis (Maslow, 1968). Psychological growth and maturation imply change and forward direction. They involve discovering who and what one is and moving in that direction, an unfolding or evolving.

Humanistic and psychoanalytic theories concur

that humans possess inner potentials and possibilities and that it is valuable and important that these inner abilities develop (Mahrer, 1978). The methods for achieving this vary. Humanistic theory speaks of expanding the individual's depth and breadth of experiencing. Psychoanalytic theory seeks to make unconscious material conscious (Mahrer, 1978).

Frankl (1984) viewed self-actualization as being a side effect of making responsible choices of attitude, while to Rogers (1961), it was inherent within each individual. People tend to move in basically a positive and constructive direction. Sometimes because of fear and defensiveness, individuals behave cruelly. But at a deeper level than that lies a positive tendency (Rogers, 1961). He expressed his ideas of the actualizing tendency in the statement:

Whether one calls it a growth tendency, a drive toward self-actualization, or a forward-moving directional tendency, it is the mainspring of life, and is, in the last analysis, the tendency upon which all psychotherapy depends. It is the urge which is evident in all organic and human life—to expand, extend, become autonomous, develop, mature—the tendency to express and activate all the capacities of the organism, to the extent that such activation enhances the organism or the self. This tendency may become deeply buried under layer after layer of encrusted psychological defenses; it may be hidden behind elaborate facades which deny its existence; but it is my belief that it exists in every individual, and awaits only the proper conditions to be released and expressed. (Rogers, 1961, p. 35)

Jung described self-actualization as the develop-

ment of unrealized creative potentials. It is an internal dynamism characterized as an unfoldment or personal development (Kopas, 1981). Individuation, Jung's concept, is synonymous with actualization. He emphasized the forward movement that describes personality development; the impression that humans continually progress or attempt to progress from a less complete level of development to a more unified and stable one. The goal of actualization is the realization of selfhood and the expression of the essential nature of the individual. The deep desire humankind experiences to achieve actualization or wholeness is evidenced in the contents of dreams, myths, and other symbolic manifestations across diverse periods of time throughout history as well as various cultures (Hall & Lindzey, 1978, p. 138).

The term self-realization was used by Horney in the sense that the present writer is using the label self-actualization (Wassell, 1980). She contributed a great deal to the field of psychoanalysis by regarding growth and self-actualization as the central processes in human development. Horney viewed actualization as a universal creative process. Unfolding inner activity made the real self vital. As an analyst, Horney considered the movement toward actualization to be the core element in therapy (Wassell, 1980).

Although self-actualization is defined in numerous manners by various authors, a solid base of agreement states that it is characterized by expression of latent capacities and a diminution of neurosis (Maslow, 1968). In many ways it is a process of birth. Birth and actualization have many common elements (Mahrer, 1978). They both imply a beginning, an unfoldment and development of capacities and latent talents. They are similar in the possibilities within them for positive and self-enhancing growth.

Process of self-actualization. Actualization requires skill, work and many years to achieve (Mahrer, 1978). It is usually a lifetime commitment. The integration and unfoldment of potentialities involves the development of new and different behaviors. Mahrer (1978) stated:

Perhaps the paramount characteristic of actualization is the sheer increase in the depth and breadth of experiencing. As the process of actualization continues more and more of the person's potentials are thrust forward into experiencing. If we record the proportion of all the potentials which are experienced, the non-actualizing person will experience a low proportion (e.g. 5-10%) over a period of time. In contrast, the actualizing person will experience a significantly larger proportion of his potentials, for example, 30 or 50% more. As actualization proceeds, the depth and breadth of experiencing increase. (p. 564)

Self-actualizing is rarely an all-or-none affair. Rather, it happens more as a matter of degree and frequency (Maslow, 1968). Normally it happens in small

increments. It is as though the individual must feel safe in the venturing out into new and uncharted territory. Assured safety allows the growth impulses to emerge and flourish. Once safety is threatened regression to another earlier and more basic behavior occurs. Security needs must be gratified first or else they act as a subversive and constant deterrent to development (Maslow, 1968).

Growth involves choices and requires courage and strength. Individuals must choose between growth and safety. Safety and growth have their disadvantages and advantages. Individuals decide to actualize when the advantages of growth and the disadvantages of safety are greater than the disadvantages of growth and the advantages of safety (Maslow, 1968).

Maslow (1971) referred to these decisions as growth or progression choices versus fear or regression choices. Looking within for the answers and listening to one's impulse voices implies taking risks and being responsible. Each time one dares to listen to the real self and takes responsibility, one actualizes and develops. It involves the release of old defenses. Behaving in such a manner is how Rogers described a fully functioning person (Rowan, 1983).

Though in principle self-actualization is a simple process and each individual is endowed with

the capacity to achieve it, in actual practice it rarely occurs. Maslow (1968) put his estimate of self-actualizers at roughly one percent of the population. This is a testimony to the fact that although growth is rewarded by many gains, each step is unfamiliar and frightening, and may involve pain.

Words may be inadequate to describe fully the experience of self-actualizing. Yet though abstract, it does indeed have a definite and distinct feel to it. Horney used the words authentic, real, and spontaneous to characterize the process (Symonds, 1980). Symonds (1980) stated, "it is a feeling which gives a special kind of satisfaction which, once it is experienced, can be distinguished subjectively from the fulfillment of neurotic needs" (p. 295).

Thwarted self-actualization. Thwarted self-actualization, the state an individual is in when safety needs must prevail over growth impulses, is experienced as described here:

How is it possible to lose a self? The treachery, unknown and unthinkable, begins with our secret psychic death in childhood - if and when we are not loved and are cut off from our spontaneous wishes. (Think: what is left?) But wait - it is not just this simple murder of a psyche. That might be written off, the tiny victim might even "outgrow" it - but it is the perfect double crime in which he himself also gradually and unwittingly takes part. He has not been accepted for himself, as he is. Oh, they "love" him, but they want him or force him or expect him to be different! Therefore he must be unacceptable. He himself

learns to believe it and at last even takes it for granted. He has truly given himself up. No matter now whether he obeys them, his performance is all that matters. His center of gravity is in "them", not in himself - yet if he so much as noticed it he'd think it natural enough. And the whole thing is entirely plausible; all invisible, automatic, and anonymous!

This is the perfect paradox. Everything looks normal; no crime was intended; there is no corpse, no guilt. All we can see is the sun rising and setting as usual. But what has happened? He has been rejected, not only by them, but by himself. (He is actually without a self.) What has he lost? Just the one true and vital part of himself: his own yes-feeling, which is his very capacity for growth, his root system. But alas, he is not dead. "Life" goes on, and so must he. From the moment he gives himself up, and to the extent that he does so, all unknowingly he sets about to create and maintain a pseudo-self. But this is an expediency - a 'self' without wishes. This one shall be loved (or feared) where he is despised, strong where he is weak; it shall go through the motions (oh, but they are caricatures!) not for the fun or joy but for survival; not simply because it wants to move but because it has to obey. This necessity is not life - not his life - it is a defense mechanism against death. It is also the machine of death. From now on he will be torn apart by compulsive (unconscious) needs or ground by (unconscious) conflicts into paralysis, every motion and every instant canceling out his being, his integrity; and all the while he is disguised as a normal person and expected to behave like one!

In a word, I saw that we become neurotic of defending a pseudo-self, a self-system; and we are neurotic to the extent that we are self-less.

(an anonymous letter written to Karen Horney cited in Maslow, 1968, pp. 51-52)

The impulse to grow and actualize can be hindered by a negative environment or traumatic events (Maslow, 1968). Horney (1950) said this unfortunate state can occur as a result of a variety of adverse conditions. Perhaps a growing child is not permitted to flourish or the adults in the child's world are too enveloped in

their own defenses to love the child. As a result, the child develops neurotic tendencies and becomes basically insecure and anxious (Horney, 1950). The child's energies that, in the optimal situation, could be used for the sake of maturation are instead utilized in a defensive and frustrated manner.

Maslow (1971) defined neurosis as the failure of personal growth. The neurotic person has lost the ability to hear and take directives from the real self and must instead depend upon external cues for guidance. Neurosis conceals and distorts the nature of the real self. It is a defensiveness that diminishes the human experience.

The failure to actualize results in dysfunction, illness, and unhappiness (Fromm, 1961). Neurosis is a symptom of obstructed growth. Striving to develop and integrate is the cure. Allport (1955) agreed by asserting that all phases of development are vulnerable to obstruction which can result in pathology.

Alienation, weakness, and confusion are experienced by the person who does not utilize the real self as the guide for behavior (Horney, 1950). A firm sense of identity and groundedness is lacking in the person's life. Under such inner stress, one no longer unfolds according to one's unique talents and capacities, but

molds oneself to fit the demands of the environment.

Facilitated self-actualization. Whereas self-actualization can be thwarted, it can also be facilitated. The child in a healthy family can be helped to grow. When children's feelings are accepted, they have no need to alienate themselves from their inner experiencing. They suffer no threats to the concepts of themselves and are not frightened by the loss of love. Denial and distortion are not necessary in a situation like this (Rogers, 1951).

Should, however, an individual not be fortunate enough to have been encouraged to grow in such a positive way, damage can be reversed through therapy and the real self can be recovered. Therapy can be a means by which an individual can recapture the real self. The therapist helps the core self of the client emerge (Symonds, 1980). Jung (1933) believed that the goal of therapy "is less a question of treatment than of developing the creative possibilities that lie in the patient himself" (p. 61). Thus, the stimulus for mental health and growth is within the individual.

Curing means removing the hindrances which prevent individuals from growing (Fromm, 1961). Sensitivity to responding to inner signals must be regained. Recovering the real self that has been lost involves recapturing the ability to recognize inner signals.

The insight gained from psychotherapy can clear the way for the constructive forces within an individual to become operative and effective (Fromm, 1961). When the defenses weaken, the positive energies of the real self have a chance to emerge. The latent healing forces within the individual become active.

One recoups from violating the real self by reconnecting to it. Getting back in alignment with this inner dynamism is the goal. The individual's problems are not necessarily over, but the essential insights and resources are now available.

Rogers (1961) characterized therapy as a describable process. Initially clients are alienated from experiencing their own feelings and inner communications. Gradually the denied and repressed elements of experiencing are brought into awareness and accepted. This involves a reorganization of the personality structure and may be decidedly painful. A greater sense of the real self emerges (Rogers, 1951). As the defenses crumble, the clients enjoy a congruence: They enjoy an integration of experiencing and awareness. They sense an immediacy of experiencing and a unity of functioning. Past the facades lies the basic inner core, the underlying order and pattern which exists in each individual. This inner core is found to be a trustworthy and reliable tool for

discovering the most satisfying behavior in each present situation. The individual is reunited with the real self (Rogers, 1961). Thus, therapy removes the obstacles so that the individual is able to proceed along the natural course of growth that began at the time of conception (Rogers, 1951).

Facilitating actualization does not mean reducing an individual's problems. Instead, moderate levels of experiencing life are replaced by higher and richer levels of experiencing. Old maladaptive behaviors just naturally erode, there is no need to make a deliberate attempt to eliminate them (Mahrer, 1978).

Wassell (1980) reiterated the importance of following the real self and urged therapists to advance their knowledge of it. Wassell (1980) stated:

This is reminiscent of Emerson's "There is guidance for each one of us and by lowly listening we shall hear the right word." If "lowly listening" refers to inner guidance when in the quiet - i.e., receiving a message of enlightenment through intuition (or a similar state of consciousness) - again we need to explore this avenue of spiritual, transcendental, inner awareness to learn more about it and how to activate it for physical and psychic well-being. (p. 339)

Results of Self-actualization. Although pain and struggle are encountered in the process of actualization, a person who dares to venture along this route also experiences some reward. Inner strength is one such gain. As Wassell (1980) said, "Emerson put it succinctly in his essay 'Spiritual Laws' to

the effect that only in our easy, simple spontaneous action are we strong" (p. 334).

Horney (1950) also cited a gain in a sense of strength and increased spontaneity within individuals when they have had the chance to grow. Thoughts, feelings, interests, creativity, and depth of expression take on a new richness and quality of character. Interpersonal relations improve as well. Personal capacities and talents develop. Horney (1950) poignantly referred to the process as a "search for glory" (p. 17). She expressed her understanding of human behavior as follows:

You need not, and in fact cannot, teach an acorn to grow into an oak tree, but when given a chance, its intrinsic potentialities will develop. Similarly, the human individual, given a chance, tends to develop his particular human potentialities. He will develop then the unique alive forces of his real self: the clarity and depth of his own feelings, thoughts, wishes, interests; the ability to tap his own resources, the strength of his will power; the special capacities or gifts he may have; the faculty to express himself, and to relate himself to others with his spontaneous feelings. All this will in time enable him to find his set of values and his aims in life. In short, he will grow, substantially undiverted, toward self-realization. And that is why I speak now and throughout this book of the real self as that central inner force, common to all human beings and yet unique in each, which is the deep source of growth. (Horney, 1950, p.17)

Jung (1968) believed self-actualization was the only means by which an individual could experience an authentic and meaningful existence. Having an awareness of the self and a connection to the guidance it gives

is necessary to face the conflicts of life (Kopas, 1981).

A heightened perception of reality, increased autonomy, and a greater frequency of peak experiences are additional benefits that Maslow (1971) cited. A peak experience is the climax of self-actualization; it is a state in which an individual experiences an elevation as a human being. The distress of straining and the sense of alienation are released. The individual experiences well-being (Maslow, 1971).

Mahrer (1978) described actualization as the optimal state and as the most significant dimension of human change. Although individuals cannot know at the outset exactly how the changes will manifest themselves in their lives during the course of actualization, certain results are guaranteed. They include a greater intensity of experiencing aliveness, vitality, ecstasy, joy, power, force and energy (Mahrer, 1978). Actualizing persons operate more and more on the basis of their deeper capacities and potentialities. They have a wider base of behaviors and feelings with which to respond to life. They tend to have a straightforward and candid manner, rather than being indirect or misleading.

Mahrer (1978) contrasted his view with that of other humanistic psychologists. Although styles of self-

actualizing persons have similarities, exactly how potentialities exhibit themselves differ. The culmination of actualization occurs when the content of a person's basic potentials reach expression. There is no necessary similarity among basic potentials of individuals. Mahrer (1978) stated:

But some humanistic psychologists accept basic human tendencies, with certain ones more readily actualizable than others. For example, Buhler identifies sex, love, and accomplishment as among those basic human tendencies which are more readily actualizable. Therefore, according to Buhler, progressive actualization ought to produce persons who show increasing similarity along the lines of sex, love and accomplishment. In contrast, we make no such assumption. As persons move along the pathway of actualization, there is no basis for predicting that they will function along those lines, manifest those particular motivations, or exhibit those particular basic human tendencies to any degree. (p. 574)

Definition of Integration

Integration is a term used frequently in association with self-actualization. Similar to the other abstract concepts dealt with in this paper, it can take on different shades of meaning and orientation. The present writer makes a distinction between integration and self-actualization. Both are fueled from the same source, the central inner force. Yet integration deals with the interior healing occurring with an individual and actualization involves an interaction with the environment. Integration deals with achieving a sense of internal comfort through

the process of making unconscious material conscious and through confrontation and resolution of past pain. This is similar to the position expressed by Jung (1968) that only by facing the frightening contents of the unconscious can an individual experience the sense of totality and treasure of wholeness. A degree of integration in which an individual experiences a sense of inner peace and tranquility is required in order to proceed with actualization (Mahrer, 1978).

Rogers (1951) defined integration as psychological adjustment and described it as a state in which the concept of self is basically congruent with the experiences of the organism. That is, what an individual experiences does not have to be split off from awareness. Polarities, dichotomies, and ambivalent feelings can be tolerated and accepted by the conscious mind and do not have to be repressed. Once this occurs the individual is able to direct energy and strength to growth and actualization (Rogers, 1951).

Actualization requires a degree of involvement in the external world (Mahrer, 1978). This is due to the fact that every potential needs a proper context for its expression. Therefore, integration is a necessary, but not sufficient, ingredient of actualization.

Critique of Self-actualization

Geller (1984) expressed serious doubts about the various theories of the self and self-actualization. He felt that Rogers and Maslow specifically had failed to develop plausible accounts of self-actualization. He doubted that Rogers could make the claim that an individual's inner core is basically trustworthy and responsible or wise enough to promote authenticity of self.

Geller (1984) expressed the view that the main weakness of the self-actualization theories lies in the assumption that there exists a set of values the actualization of which constitutes the highest purpose of human life. The mistake is in making the broad assumptions within a wide category without taking into account the specific abilities and preferences of individuals. Geller (1984) also questioned whether self-actualization results in a more rewarding and enriching life. He preferred the more multidimensional term, self-development.

The present writer asserts that what Geller (1984) claimed to be of value, self-development as opposed to self-actualization, is essentially the same idea posited by self-actualization theorists. He offered no real distinction or difference between the two. Geller (1984) thought that an individual is somehow bound to

certain restrictions and limits within the confines of self-actualization and that one loses one's sense of freedom to make decisions. In other words, some kind of obligation is involved. To the present writer, this implies a basic misunderstanding and misrepresentation of self-actualization. The theory of self-actualization does take into account the unique capabilities and choices of individuals. It does not restrict actualizers to a defined set of values. It implies awareness, development and expansion of inherent traits and talents which are unique to each individual.

Geller doubted Rogers' and Maslow's assumption that the inner nature of people is fundamentally good. It is understandable how this can be questioned in light of the extent of the malice and suffering that exist in the world. Yet doubting the essential goodness within each individual contradicts the findings of Rogers and Horney, to cite only two therapists, that indicate that neurotic defenses are responses not inherent traits. The present writer chooses to retain the assumption of the essential goodness of human beings.

Statement of the problem

The present paper has described and discussed the significance of the self and self-actualization. It has illustrated the dimensions these concepts add to

understanding human life and development. It is imperative that practicing therapists fully and deeply examine their views on the issues of self and self-actualization. This is important because clients can develop only to the limit that therapists can conceive them to. This is much like a self-fulfilling prophecy. How therapists view the essential capabilities of their clients, their capacity to recover from trauma, as well as the ability to grow to higher levels of functioning, is critical to the therapeutic process and result. There are several questions regarding self-actualization within the therapist/client relationship that can be asked. What do therapists see when they look at their clients? Do they view them as capable of integrating and actualizing, or do they have a more limited view of the clients' inherent capacities for improvement? Do therapists view their clients from the point of view of their pain or of their potential? Does the process of development occur naturally if defenses are overcome or does it require effort and work? Do people possess the capacity to actualize in different degrees? What effect do environmental influences have? Coming to grips with such questions is crucial in terms of the therapist's choice of overall orientation, approach, and therapeutic interactions.

Tangential studies (Selfridge & Kolk, 1976; Rowe & Winborn, 1973; Culpan, 1979) have been done concerning the relationship between therapists' level of interpersonal functioning and their degree of self-actualization. The results are conflicting. Selfridge and Kolk (1976) measured 33 secondary school counselors from 11 school districts in the Albany, New York area. Included in the group were 18 men and 15 women who ranged in age from 23 to 51 with a mean age of 37. Three instruments (the Personal Orientation Inventory, the Relationship Inventory, and a Tape Excerpt Response Procedure) were used to measure counselor personality characteristics and capacity to facilitate communication. Selfridge and Kolk (1976) found that there appeared to be a connection between a therapist's level of self-actualization and the ability to be attentively empathic, genuine, and worthy of trust in the therapeutic alliance.

Rowe and Winborn (1973) studied 50 graduate students (25 males and 25 females) at Michigan State University. The Personal Orientation Inventory was used to measure their level of self-actualization and interpersonal functioning. Rowe and Winborn (1973) contended that the relationship between a therapist's level of interpersonal functioning and self-actualization is not clear and definite.

Culpan (1979) reviewed studies that supported the view that spontaneous therapists appear more able to utilize themselves fully and to trust their own innate capacities.

These studies focus on the therapists themselves, but not on how the therapists view the clients' capabilities to grow, experience spontaneity, utilize creative resources, and to develop broader sets of responses to life's challenges. The present writer contends that the therapist's view of this question is crucial to what occurs within the therapeutic process itself, the interchange between therapists and clients, and to the outcome of therapy.

This investigation explores therapists' views of the nature, function, and effect of the self-actualizing capacity in their clients. In addition, variation in views as a function of therapists' gender, experience, and theoretical orientation are examined.

The purpose of this study is to discover psychotherapists' conceptions of self-actualization. This is an informational study, not a test of a hypothesis. The present writer is not attempting to support or disconfirm anything at this point but to collect information on the way in which therapists view self-actualization and to point the way for

further research.

CHAPTER 3

METHOD

Subjects

The subjects were 60 psychologists, 25 females and 35 males, who were randomly selected from the 1986 American Psychological Association's Register. Names were chosen from the Division of Psychotherapy. A random-number table was used to implement the selection process. No inducements were used to procure subjects. Three mailings were conducted in order to fulfill the quota of 60 respondents. Twenty-two percent of the surveys were returned.

Materials

Each respondent was asked to answer 12 questions. The questionnaire was designed to elicit information on the therapist's attitudes regarding the presence and process of self-actualization.

A self-administered questionnaire was mailed to the respondents. It consisted of seven open-ended items and five yes/no questions. It was a questionnaire designed by the present researcher to measure psychologists' attitudes on different aspects of self-actualization in their clients.

The questionnaire was as follows:

According to Maslow's theory, the process of self-actualization involves striving to fulfill

one's talents, capacities, and potentialities.

This includes an integration of physical, social, intellectual, and emotional needs. Below are

questions regarding self-actualization.

1. Do you think the capacity to self-actualize exists in each person (client)?
2. Does everyone have the capacity to self-actualize to the same degree?
3. What blocks the capacity to self-actualize?
4. What helps the capacity to self-actualize develop?
5. What is the nature of the capacity to self-actualize? Is it a potential, a substance, or a spontaneous force? If these three do not describe your view, please give your opinion.
6. What are the psychological and behavioral effects of tapping a client's capacity to self-actualize?
7. Can the capacity to self-actualize be lost? If so, how?
8. Are certain kinds of support necessary to facilitate the capacity to self-actualize? If so, what kinds?
9. Do your clients move naturally to self-actualize or must they acquire the desire through insight or understanding?
10. Is one of your therapeutic aims to align the client with his/her self-actualizing capacity?
11. Is the capacity to self-actualize the same dynamism is that which enables a client to recover from psychological trauma? If not, how do the processes differ?
12. In your opinion, what kinds of observable changes in a client indicate progress in his or her self-actualizing tendency?

See Appendix A for the content-validity considerations behind each question.

The questionnaire was printed on three 8 1/2"

x 11" pages. Subjects gave written open-ended responses.

Inter-coder reliability was checked, the two coders being the present writer and a M Ed. The total mean percent agreement between the coders was 81.83. The complete listing of the agreement percentages per category is listed in Appendix D.

Procedure

The subjects for the study, psychologists who were randomly selected from the American Psychological Association's Register, were mailed the self-actualization questionnaire and a cover letter (see Appendix B) explaining the study. Addressed and stamped return envelopes also were included in the packet. Questionnaires were completed at the respondent's convenience.

The biographical data requested from each respondent were gender, whether or not the participant is now a practicing psychologist, how long the participant has been in practice, and theoretical orientation.

Nonresponders were replaced by randomly selected substitutes. Since the questionnaires assured anonymity, there was no way in which the researcher could send reminders. Those respondents interested in the results were asked to specifically request them.

Three mailings were conducted in order to fulfill the quota of 60 respondents. Thirty-five males and 25

females were involved in the study.

Scoring and Analysis

Coding was used to convert the qualitative responses of the questionnaire to numbers. Common themes that linked the responses were determined and, coding categories were given a numerical value.

Chi square and linear correlation were the statistical methods used. Analyses included comparisons across the dimensions of gender, experience, and theoretical orientation.

As the questionnaires were reviewed by the present writer, they were coded according to the respondent's specific answers to each question and cross-tabulated with categories of gender, level of experience, and theoretical orientation. Thus, each questionnaire was coded three times each in a separate category. The gender category was subdivided into male or female; the level of experience by developing therapists (0-11 years), established therapists (11-20 years), and mature therapists (over 20 years); and the theoretical orientation by whichever orientation the respondent cited. If more than one orientation was cited, only the first was considered. These general results are recorded in Appendix D.

Responses to the question on theoretical orientation were then grouped into more general categories. The humanistic and client-centered

orientations were combined; and the rational-emotive, cognitive, social learning, and cognitive-behavioral orientations were combined. This was done in order to put similar theoretical orientations in one group as well as to give the responses in each grouping enough of a representation to run the statistical tests.

Responses reflecting therapists' ideas about self-actualization were also grouped into broad categories. Each question was viewed as to whether psychological and physical (internal phenomena) effects or factors were involved or whether environmental (external phenomena) effects or factors were seen as critical. The responses seemed to fall naturally into these two general groupings. Each question varied in regard to the specific categories, but the same criteria were used to determine the groupings in each case. That is, each response was judged on whether it reflected internal and personal phenomena or external phenomena. For example, negative attitudes and intellectual capacity would be regarded as internal phenomena whereas lack of financial resources and neglect would be considered external phenomena. Any extraneous answers were put into an "other" category. Each question had the following general groupings:

1. yes, no, other
2. yes, no
3. physical and psychological weaknesses, environmental

impediments

4. physical and psychological strength, environmental support
 5. potential, substance, spontaneous force, other
 6. increased psychological strength, improved functioning
 7. yes, no, other (for the first part)
physical and psychological factors, environmental factors (for the second part)
 8. emotional support, environmental support, other
 9. naturally, insight, other
 10. yes, no, other
 11. yes, no, other
 12. psychological changes, behavioral changes
- Affective, family systems, clinical psychology, interpersonal, and feminist categories were put into a single "other" category.

The data were tallied and organized. Frequency counts were taken on each category in each question and put into contingency tables. The "other" cells were eliminated from any contingency table whenever the frequencies therein did not average at least 3.

Chi square, linear correlation (Pearson r), and percent of the variance accounted for were the statistical tests run on the data. All statistical tests were conducted with a .05 level of significance. Since respondents typically gave more than one answer to

each question, they were represented more than once in the contingency table. Thus, there existed some non-independence of responses, which might have affected the accuracy of the chi-square values reported in the next chapter.



CHAPTER 4

RESULTS

There was a wide range of viewpoints expressed by the therapists in terms of their opinions on the presence and process of self-actualization. Most respondents felt that the capacity to actualize did indeed exist within each person, yet most also agreed that it was not available to all to the same degree. Although there were divergent responses across the groupings of gender, level of experience, and theoretical orientation, only five of the 36 chi square tests run were statistically significant.

The significant results occurred in the gender grouping for questions six and 12, in the level of experience grouping for question nine, and in the theoretical orientation grouping for questions four and 11. Only the data in question #11 in the theoretical orientation category showed a strong relationship between the responses and orientation. All the other results showed a weak relationship between the variables, in terms of proportion of variance accounted for. So it is clear that although in five of the 36 situations there was a significant relationship between the variables (the responses versus gender, level of experience, and theoretical orientation), in only one instance was this a strong relationship.

Thus, respondents did not typically vary their answers because of differences in gender, level of experience, or theoretical orientation. That is to say that in the great majority of categories, the respondents agreed with each other much more than they disagreed.

Several questionnaires were returned unanswered because the respondents felt they lacked the necessary understanding of self-actualization. Since the questionnaires were returned anonymously except by those wishing a copy of the results, the sources of the following quotes cannot be cited. One such respondent claimed that "I will not be able to complete it as I confess to knowing virtually nothing about self-actualization." Another said, "I like the concept of self-actualization but have been a rather strict Freudian so did not consider this concept in my work."

Others stated that although they understood the construct of self-actualization, they found it meaningless to themselves or their work. One therapist said, "It is not a meaningful construct for me so answers would have no relevancy." Another stated, "I find the concept of self-actualization meaningless to the problems that my patients seek help for. Maslow's theory is naive, and does not in any way encompass the serious nature of human suffering." Still another claimed, "I find the concept of self-actualization nebulous and abstract. Since it is very

individualized and a matter of value what is or isn't self-actualization, I don't find it useful to conceptualize in that metaphor."

The Questions and their Results

Table 1

Gender Response to Question #1

	Males	%	Females	%
yes	22	40	21	38
no	4	7	2	4
other	5	9	1	2

Total responses: 55

Table 2

Experience Response to Question #1

	0-10	%	11-20	%	over 20	%
yes	11	21	22	42	13	25
no	1	2	2	4	4	8

Total responses: 53

Table 3

Orientation Response to Question #1

	H	%	R	%	P	%	E	%	CP	%	O	%	*
yes	5	10	5	10	11	22	13	27	5	10	4	8	
no	1	2	0	0	1	2	3	6	0	0	1	2	

Total responses: 49

* (H= Humanistic and Client-centered combined, R= Rational-Emotive, Cognitive, Cognitive-Behavioral and Social Learning Combined, P= Psychodynamic, E= Eclectic, CP= Classical Psychoanalytic, and O= Other. The same abbreviations are used throughout the results section.)

1. Do you think the capacity to self-actualize exists in each person?

The overall response trend was to answer "yes" to Question #1.

According to Table 1 there was a grand total of 55 responses to this question. Chi square was 2.506 with 2 degrees of freedom. Since the critical chi square was 5.99, the null hypothesis was not rejected. Men and women did not have significant differences in their view of this question.

Table 2 indicates there was a grand total of 53 responses. Chi square was 2.33 with 2 degrees of freedom. Since the critical chi square was 5.99, the null hypothesis was not rejected. Respondents

did not vary in their answers to this question as a result of their level of experience.

Table 3 shows there was a grand total of 49 responses. The chi square was 2.57 with 5 degrees of freedom. The critical chi square was 11.07, so the null hypothesis was not rejected. Variation in response to this question was not related to differences in theoretical orientation.

Table 4

Gender Response to Question #2

	Males	%	Females	%
yes	2	4	2	4
no	29	54	21	38

Total responses: 54

Table 5

Experience Response to Question #2

	1-10	%	11-20	%	over 20	%
yes	1	2	2	3	3	5
no	11	19	22	38	19	33

Total responses: 58

Table 6

Orientation Response to Question #2

	H	%	R	%	P	%	E	%	CP	%	O	%
yes	0	0	0	0	1	2	1	2	2	4	1	2
no	6	11	5	10	14	25	16	29	4	7	5	9

Total responses: 49

Most therapists in the total group tended to answer "no" to Question #2.

2. Does everyone have the capacity to self-actualize to the same degree?

In Table 4 there was a grand total of 54 responses. The chi square was 0.153 with 1 degree of freedom. Since the critical chi square was 3.84, the null hypothesis was not rejected. There was not a significant difference between the way men and women answered this question.

According to Table 5 there was a grand total of 58 responses. The chi square was 1.08 with 2 degrees of freedom. Since the critical chi square was 5.99, the null hypothesis was not rejected. There was no relationship between variance in response and length of experience.

Table 6 shows a grand total of 55 responses. The chi square was 6.03 with 5 degrees of freedom. Since the critical chi square was 11.07, the null hypothesis was not rejected. There was no significant difference in how

therapists from different orientations answer this question.

Table 7

Gender Response to Question #3

	Males	%	Females	%
physical & psychological	62	41	39	25 weaknesses
environmental	39	25	13	8 impediments
Total responses: 153				

Table 8

Experience Response to Question #3

	0-10	%	11-20	%	over 20	%
physical & psychological weaknesses	27	17	36	23	36	23
environmental impediments	10	6	30	19	19	12
Total responses: 158						

Table 9

Orientation Response to Question #3

	H %	R %	P %	E %	CP %	O %
physical & psychological weaknesses	7 5	10 7	23 15	30 20	13 9	11 7
environmental impediments	5 3	4 3	20 13	17 11	4 3	5 3
Total responses: 149						

The overall response trend to Question #3 was that most therapists tend to think that physical and psychological weaknesses block the capacity to actualize more than environmental impediments.

3. What blocks the capacity to self-actualize?

According to Table 7 there was a grand total of 153 responses. The chi square was 2.84 with 1 degree of freedom. Since the critical chi square value was 3.84, the findings were not significant and the null hypothesis was not rejected. Men and women did not vary in the way they answer this question on account of gender differences.

Table 8 indicates the grand total of responses was 158. The chi square was 3.72 with 2 degrees of freedom. Since the critical chi square value was 5.99, the null hypothesis was not rejected. So respondents did not vary in their answers as a result of their length of

experience.

Table 9 shows there was a grand total of 149 responses. The chi square was 3.79 with 5 degrees of freedom. Since the critical chi square value was 11.07, the results were not significant and the null hypothesis was not rejected. Therapists did not vary in their response as a result of differing orientations.

Table 10

Gender Response to Question #4

	Males	%	Females	%
physical & psychological strength	26	21	18	15
environmental support	50	41	29	24
Total responses:	123			

Table 11

Experience Response to Question #4

	0-10	%	11-20	%	over 20	%
physical & psychological strength	19	15	21	16	12	9
environmental support	16	12	34	26	28	22
Total responses:	130					

Table 12

Orientation Response to Question #4

	H	%	R	%	P	%	E	%	CP	%	O	%
physical & psychological strength	3	3	5	4	11	9	8	7	4	3	10	8
environmental support	12	10	5	4	21	18	31	26	7	6	3	3
Total responses: 120												

Overall, the majority of the respondents felt that environmental support most facilitated actualization.

4. What helps the capacity to self-actualize develop?

According to Table 10, there was a grand total of 123 responses. Chi square was .21224 with 1 degree of freedom. Since the critical chi square value was 3.84, the results were not significant and the null hypothesis was not rejected. Differences in responses were not related to differences in gender.

Table 11 points out there was a grand total of 130 responses. The chi square was 4.72 with 2 degrees of freedom. Since the critical chi square value was 5.99, the results were not significant and the null hypothesis not rejected. Variations in level of experience are not related in a significant way to response variance.

Table 12 indicates there was a grand total of 120 responses. The chi square was 16.28 with 5 degrees of freedom. Since the critical chi square value was 11.07,

the results were significant and the null hypothesis was rejected. The Pearson r was 0.368. Fourteen percent of variation in responses is accounted for by orientation. Those therapists espousing the humanistic orientation, the psychodynamic orientation, the eclectic orientation, and the classical psychoanalytic orientation viewed environmental support as being more critical to facilitating self-actualization, while rational-emotive therapists saw both physical and psychological strength and environmental support as having equal import. Although there is a relationship between theoretical orientation and response to this question, it is a weak relationship.

Table 13

Gender Response to Question #5

	Males	%	Females	%
potential	20	38	13	25
substance	0	0	1	2
spontaneous force	3	6	2	4
other	9	17	5	9
Total responses:	53			

Table 14

Experience Response to Question #5

	0-10	%	11-20	%	over 20	%
potential	6	11	14	25	12	22
substance	0	0	0	0	0	0
spontaneous force	0	0	2	4	2	4
other	6	11	10	18	3	5

Total responses: 55

Table 15

Orientation Response to Question #5

	H	%	R	%	P	%	E	%	CP	%	O	%
potential	2	5	2	5	8	21	14	37	3	8	3	8
substance	0	0	0	0	0	0	1	3	0	0	2	5
spontaneous force	1	2	0	0	0	0	2	5	0	0	0	0

Total responses: 38

In response to Question #5, most therapists view the nature of actualization as being a potential.

5. What is the nature of the capacity to self-actualize? Is it a potential, a substance, or a spontaneous force? If these three do not describe your view, please give your opinion.

According to Table 13, there was a grand total of 53 responses. The chi square was 1.615 with 3 degrees

of freedom. Since the critical chi square value was 7.82, the results were not significant and the null hypothesis not rejected. Men and women did not vary in their response to this question on account of gender.

Table 14 shows there was a grand total of 55. The chi square value was 4.37 with 6 degrees of freedom. Since the chi square critical value was 12.59, the results are not significant and the null hypothesis not rejected.

Table 15 suggests there was a grand total of 38 responses. The chi square was 13.00 with 10 degrees of freedom. Since the chi square critical value was 18.31, the results were not significant and the null hypothesis not rejected. Variations in answers to this question were not related to therapists' theoretical orientation.

Table 16

Gender Response to Question #6

	Males	%	Females	%
increased psychological strength	38	43	19	21
improved functioning	14	16	18	20

Total responses: 89

Table 17

Experience Response to Question #6

	0-10	%	11-20	%	over 20	%
increased psychological strength	16	17	19	21	18	20
improved functioning	9	10	17	18	13	14
Total responses: 92						

Table 18

Orientation Response to Question #6

	H	%	R	%	P	%	E	%	CP	%	O	%
increased psychological strength	4	5	6	7	18	20	18	20	3	3	8	9
improved functioning	3	3	0	0	5	6	14	16	3	3	5	6
Total responses: 87												

In regard to Question #6, most therapists tended to put more emphasis on increased psychological strength rather than behavioral effects in regard to the consequences of self-actualization.

6. What are the psychological and behavioral effects of tapping a client's capacity to self-actualize?

Table 16 points out there was a grand total of 89 responses. The chi square was 4.43 with 1 degree of

freedom. Since the chi square critical value was 3.84, the results were significant and the null hypothesis was rejected. The Pearson r value was .224. Males had significantly higher frequency counts regarding increased psychological strength versus improved functioning as a consequence of self-actualization. Males saw increased psychological strength develop in the therapeutic process more than improved functioning, while female therapists saw more of a balance between the two. Although the relationship between the variables was significant, there was only a weak relationship between response to this question and gender difference. Five percent of the variation in responses was accounted for by sex difference.

Table 17 indicates a grand total of 92 responses. The chi square value was 0.749 with 2 degrees of freedom. Since the critical chi square value was 5.99, the results were not significant and the null hypothesis was not rejected. Level of experience was not related to difference in response to this question.

Table 18 shows a grand total of 87 responses. The chi square was 6.98 with 5 degrees of freedom. Since the critical chi square value was 11.07, the results were not significant and the null hypothesis was not rejected. Theoretical orientation and difference in response did not have a significant relationship.

Table 19

Gender Response to Question #7

	Males	%	Females	%
yes	16	32	11	22
no	2	4	4	8
other	12	24	5	10
Total responses: 50				

physical & psychological factors	11	22	8	1
environmental factors	22	43	10	20

Total responses: 51

Table 20

Experience Response to Question #7

	0-10	%	11-20	%	over 20	%
yes	4	8	10	20	10	20
no	2	4	1	2	2	4
other	5	10	9	18	6	12

Total responses: 49

physical & psychological factors	7	12	10	17	7	12
environmental factors	5	8	20	34	10	17

Total responses: 59

Table 21

Orientation Response to Question #7

	H	%	R	%	P	%	E	%	CP	%	O	%
yes	2	11	1	5	0	0	10	53	3	16	2	11
no	0	0	1	5	0	0	2	11	2	11	1	5

Total responses: 19

physical &
psychological
factors 2 6 0 0 4 11 7 19 1 3 2 6

environmental
factors 5 14 0 0 3 8 12 33 2 6 1 3

Total responses: 36

Most therapists consider that the capacity to self-actualize can be lost and the majority blame environmental factors.

7. Can the capacity to self-actualize be lost?
If so, how?

According to Table 19 there was a grand total of 50 responses to the first part of the question. The chi square value was 2.58 with 2 degrees of freedom. Since the critical chi square value was 5.99, the results were not significant and the null hypothesis not rejected. Thus, differences in attitudes regarding loss of capacity to self-actualize were

not accounted for by gender differences.

In the second part of the question there was a grand total of 51 responses. The chi square was 0.615 with 1 degree of freedom. Since the critical chi square value was 3.84, the results were not significant and the null hypothesis was not rejected. There was not a significant relationship between gender and difference of response to this question.

Table 20 indicates that the grand total of responses was 49 to the first part of the question. The chi-square was 2.15 with 4 degrees of freedom. Since the critical chi square was 9.49, the results were not significant and the null hypothesis was not rejected. Level of experience and variances regarding loss of actualizing capacity did not have a significant relationship.

There was a grand total of 59 responses to the second part of the question. The chi square was 2.192 with 2 degrees of freedom. Since the critical chi square was 5.99, the results were not significant and the null hypothesis not rejected. Thus, there was no significant relationship between level of experience and variation in response.

Table 21 points out that in this grouping there was a grand total of 19 responses to the first part of the question. The chi square was 1.96 with 3 degrees of

freedom. The critical chi square was 7.82 and thus the results were not significant and the null hypothesis not rejected. No significant relationship exists between orientation and opinions regarding this issue.

There was a grand total of 36 responses to the second part of the question. The chi square was 2.14 with 3 degrees of freedom. Since the critical chi square value was 7.82, the results were not significant and the null hypothesis not rejected. There was no significant relationship between orientation and different responses to this question.

Table 22

Gender Response to Question #8

	Males	%	Females	%
emotional support	41	45	25	27
environmental support	8	9	11	12
other	5	5	2	2
Total responses: 92				

Table 23

Experience Response to Question #8

	0-10	%	11-20	%	over 20	%
emotional support	15	16	21	22	28	30
environmental support	10	11	12	13	8	9
Total responses: 94						

Table 24

Orientation Response to Question #8

	H	%	R	%	P	%	E	%	CP	%	O	%
emotional support	4	5	6	7	20	24	21	26	4	5	8	10
environmental support	2	2	5	6	3	4	10	12	1	1	3	4
Total responses: 82												

Emotional support was considered to be the most important kind of support needed to facilitate self-actualization.

8. Are certain kinds of support necessary to facilitate the capacity to self-actualize?

Table 22 indicates there was a grand total of 92 responses. The chi square was 2.944 with 2 degrees of freedom. Since the critical chi square was 5.99, the results were not significant and the null hypothesis

was not rejected. There was no noteworthy relationship between gender differences and response differences.

According to Table 23 there was a grand total of 94 responses. The chi square was 2.61 with 2 degrees of freedom. The critical chi square was 5.99. Thus, the results were not significant and the null hypothesis was not rejected. There was no significant relationship between level of experience and response variation.

Table 24 points out for this grouping there was a grand total of 82 responses. The chi square was 3.29 with 4 degrees of freedom. Since the critical chi square was 9.49, the results were not significant and the null hypothesis not rejected. Orientation difference did not seem to affect response to this question.

Table 25

Gender Response to Question #9

	Males	%	Females	%
naturally	10	18	7	13
insight	13	24	8	15
other	10	18	7	13
Total responses: 55				

Table 26
 Experience Response to Question #9

	0-10	%	11-20	%	over 20	%
naturally	0	0	8	14	9	16
insight	3	5	8	14	8	14
other	9	16	8	14	3	5

Total responses: 56

Table 27
 Orientation Response to Question #9

	H	%	R	%	P	%	E	%	CP	%	D	%
naturally	1	3	1	3	6	16	7	18	1	3	2	5
insight	2	5	2	5	4	11	8	21	3	8	1	3

Total responses: 38

The minority of therapists believed actualization to occur naturally. Most felt it required insight or some other form of intervention.

9. Do your clients move naturally to self-actualize or must they acquire the desire through insight or understanding?

According to Table 25 there was a grand total of 55 responses to this question. The chi-square was 0.051 with 2 degrees of freedom. Since the critical chi-square value was 5.99, the results were not significant and the null hypothesis not rejected. Gender difference did not have an effect on response difference to this question.

Table 26 shows there was a total of 56 responses. The chi-square was 13.10 with 4 degrees of freedom. Since the critical chi-square value was 9.49, the results were significant and the null hypothesis was rejected. The Pearson r for these findings was 0.342. Beginning therapists regarded insight or some other form of intervention as being necessary to facilitate self-actualization, while developing and mature therapists noted more of a balance between natural forces encouraging actualization and deliberate intervention. Although there was a relationship between level of experience and response to this question, it was only a weak one. Twelve percent of the variation in responses is accounted for by level of experience.

Table 27 points out that in this grouping there was a grand total of 38 responses. The chi-square was 2.37 with 5 degrees of freedom. Since the critical

chi-square was 11.07, the results were not significant and the null hypothesis was not rejected. Theoretical orientation did not significantly affect response to this question.

Table 28

Gender Response to Question #10

	Males	%	Females	%
yes	24	43	18	32
no	3	5	2	4
other	7	13	2	4

Total responses: 56

Table 29

Experience Response to Question #10

	0-10	%	11-20	%	over 20	%
yes	8	15	16	29	13	24
no	0	0	2	4	4	7
other	4	7	5	9	3	5

Total responses: 55

Table 30

Orientation Response to Question #10

	H	%	R	%	P	%	E	%	CP	%	D	%
yes	4	8	5	10	16	31	13	25	4	8	4	8
no	0	0	0	0	2	4	3	6	0	0	1	2

Total responses: 52

Most of the therapists in the total group tended to answer affirmatively; one of their therapeutic goals was to align their clients with their actualizing capacity.

10. Is one of your therapeutic aims to align the client with his/her actualizing capacity?

According to Table 28 there was a grand total of 56 responses. The chi-square was 1.33 with 2 degrees of freedom. The critical chi-square value was 5.99 so the results were not significant and the null hypothesis not rejected. Gender difference did not have a relationship to response difference to this question.

Table 29 indicates a grand total of 55 responses. The chi-square was 4.10 with 4 degrees of freedom. Since the critical chi-square value was 9.49, the results were not significant and the null hypothesis not rejected. Length of therapeutic practice did not have a relationship to response to this question.

Table 30 points out a grand total of 52 responses

for this grouping. The chi-square was 2.85 with 5 degrees of freedom. Since the critical chi-square value was 11.07, the results were not significant and the null hypothesis not rejected. There was no real relationship between orientation and attitudes regarding this question.

Table 31

Gender Response to Question #11

	Males	%	Females	%
yes	15	35	8	19
no	3	7	3	7
other	9	21	5	12
Total responses: 43				

Table 32

Experience Response to Question #11

	0-10	%	11-20	%	over 20	%
yes	3	6	12	24	8	16
no	4	8	4	8	5	10
other	4	8	6	12	3	6
Total responses: 49						

Table 33

Orientation Response to Question #11

	H	%	R	%	P	%	E	%	CP	%	O	%
yes	3	10	0	0	6	20	10	33	3	10	2	7
no	0	0	3	10	1	3	0	0	0	0	2	7

Total responses: 30

The overall response trend for Question #11 was that a majority of the therapists view the capacity to actualize as the same dynamism that enables clients to recover from psychological trauma.

11. Is the capacity to self-actualize the same dynamism as that which enables a client to recover from psychological trauma?

According to Table 31 the grand total of responses was 43. The chi-square was 0.495 with 2 degrees of freedom. The critical chi-square value was 5.99. Thus, the results were not significant and the null hypothesis was not rejected. There was no important relationship between gender and reaction to this question.

Table 32 indicates there was a grand total of 49 responses. The chi-square value was 3.14 with 4 degrees of freedom. The critical chi-square value was 9.49 and so the results were not significant and the null hypothesis not rejected. Level of experience did not seem to have an effect on how therapists view this question.

Table 33 points out a grand total of 30 responses. The chi-square was 18.39 with 5 degrees of freedom. Since the critical chi-square value was 11.07, the results were significant and the null hypothesis was rejected. The Pearson r was .783 which shows that the relationship between theoretical orientation and response to this question was a strong one. Sixty-one percent of the variation in responses is accounted for by orientation. As in Question #4, those therapists that espouse humanistic, psychodynamic, eclectic, and classical psychoanalytic thought oppose those that hold the rational-emotive view. Those in the first grouping feel strongly that the capacity to self-actualize is the same dynamism that enables clients to recover from psychological trauma and those in the rational-emotive category do not. It is apparent that how a therapist views the relationship between self-actualization and recovery from trauma differs with the orientation that is espoused. This makes sense in view of the fact that different orientations differ in their theory of pathology and its origin. For example, a dynamic approach looks at deficits and trauma in childhood while a cognitive stance focuses on self-defeating thought patterns.

Table 34

Gender Response to Question #12

	Males	%	Females	%
psychological changes	65	46	32	23
behavioral changes	29	21	14	10
Total responses: 140				

Table 35

Experience Response to Question #12

	0-10	%	11-20	%	over 20	%
psychological changes	10	13	25	17	28	19
behavioral changes	18	12	29	20	27	18
Total responses: 146						

Table 36

Orientation Response to Question #12

	H	%	R	%	P	%	E	%	CP	%	O	%
psychological changes	5	4	8	6	21	15	30	22	4	3	6	4
behavioral changes	7	5	6	4	15	11	20	15	7	5	7	5

Total responses: 136

There are gender differences regarding the types of observable changes noted during the actualization process. But in the level of experience and theoretical orientation groupings the therapists were fairly evenly balanced in citing both psychological and behavioral changes.

12. In your opinion, what kinds of observable changes in a client indicate progress in his or her self-actualizing tendency?

Table 34 shows there was a grand total of 140 responses. The chi-square was 7.661 with 1 degree of freedom. Since the critical chi-square value was 3.84, the results were significant and the null hypothesis was rejected. The Pearson r was .234 which indicated that although there was a relationship between the two variables, it was a weak one. Only 5 percent of the variation in responses was accounted for by gender differences. While both female and male therapists cited psychological shifts more often than

behavioral changes as observable indications of self-actualization progress, females noted slightly more psychological changes than men and men cited more behavioral changes than women. But even though males and females emphasize different changes in the actualization process, the variance is slight.

Table 35 shows the grand total of responses to be 146. The chi-square was 0.319 with 2 degrees of freedom. Since the critical chi-square value was 5.99, the results were not significant and the null hypothesis not rejected. There was no important relationship between level of experience and answer to this question.

Table 36 indicates a grand total of 136 responses. The chi-square was 3.48 with 5 degrees of freedom. Since the critical chi-square was 11.07, the results were not significant and the null hypothesis not rejected. Therapeutic orientation did not seem to have an impact on how therapists view this question.

CHAPTER 5

DISCUSSION

The purpose of this study was to investigate therapists' views of the presence and process of self-actualization. Significant differences in opinions regarding these issues were found in relation to:

(a) Therapist's gender and identification of the psychological and behavioral effects of self-

actualization. Male therapists emphasized psychological strength over improved functioning more than females. Female therapists noted more of a balance between psychological strength and improved functioning.

(b) Therapist's gender and observable changes noted in the process of self-actualization. While both female and male therapists cited psychological changes more than behavioral changes, females noted slightly more psychological changes than men and men cited more behavioral changes than women.

(c) Therapist's level of experience and whether or not insight is required to self-actualize. Developing therapists thought insight or some other form of intervention was necessary to promote actualization. Established and mature therapists thought the process of actualization could and did occur naturally as well as through insight and understanding.

(d) Therapist's theoretical orientation and views on how to facilitate self-actualization. Humanistic,

psychodynamic, eclectic, and classical psychoanalytic therapists viewed environmental support as being more critical to actualization than physical and psychological strength. Rational-emotive therapists saw both physical and psychological strength and environmental support as having equal import.

(e) Theoretical orientation and viewpoints regarding the relationship between psychological healing from trauma and actualization. Humanistic, psychodynamic, eclectic, and classical psychoanalytic therapists held strong positions that the capacity to actualize was the same force that enabled clients to recover from trauma. Rational-emotive therapists did not share this view. Only the last relationship was a strong one. So it is clear that although in several instances there was a significant relationship between the response versus the gender, level of experience, and theoretical orientation, in the majority of questions respondents did not typically vary their answers because of these differences.

The theoretical implication of these findings is that the concept of self-actualization is a widely held construct that transcends the boundaries of gender, level of experience, and theoretical orientation. Despite broad based differences, therapists agree with each other more than they disagree regarding the presence, process and facilitation of self-

actualization. Practical implications of these findings involve developing clearer understanding of effective techniques to foster actualization within each orientation. That is, if self-actualization is a widely accepted and valued goal of therapy, then practical implications involve how best to foster that within each therapeutic construct.

Presence of Self-actualization

An overwhelming majority of therapists view their clients as having the capacity to self-actualize. Most view their clients as having the ability to integrate and actualize; some even have optimistic opinions on the capacity of borderlines and schizophrenics to do so. An equal number feel that different clients do not possess this capability to the same degree. This coincides with Rogers' (1951) view that the growth impulse is evident in human beings from conception to old age and is the foundation upon which humans depend in a most fundamental manner. Rogers (1951) felt that the tendency for self-enhancement is always available and when given a choice between growth and comfortable dependence, the organism chooses greater independence and autonomy even at the cost of enduring struggle and pain. To Rogers (1961) self-actualization was inherent within each individual.

Rogers (1961) stated:

This tendency may become deeply buried under layer after layer of encrusted psychological defenses; it may be hidden behind elaborate facades which deny its existence; but it is my belief that it exists in every individual, and awaits only the proper condition to be released and expressed. (p. 35)

Maslow (1968) shares the idea that each human being possesses a basic inner core or real self. The inner core manifests itself as natural inclinations and begins to emerge as soon as the child is born.

The research findings of this paper also support Horney's view of actualization as a central process in human development. Horney viewed actualization as a universal creative process and that developing inner activity made the real self vital. The research from this study supports this viewpoint.

The finding that therapists believe each individual possesses the capacity to actualize but in different degrees is also reflected in the literature. Maslow (1968) held the opinion that each person's inner nature shares characteristics which are species-wide, but also has some that are unique. For example, every human being has a need for love but some specifically pursue interests in music. Also, some individual differences can occur in the strength of the inner messages and variances in the biological base (Maslow, 1968).

In addition, environment plays a role in facilitating or thwarting growth and in shaping which potentialities

actualize.

Nature of Self-actualization

The findings of this research indicate that most therapists view the nature of actualization as being that of a potential. These results support the theories of Malsow, Rogers, and Horney. Malsow believed actualization to manifest itself as natural inclinations while Rogers regarded the nature of actualization to be a tendency toward growth. Horney referred to actualization as a process.

While most therapists view the nature of actualization as being a potential, the majority also hold the opinion that the inner capacity to actualize is the same dynamism that enables clients to recover from trauma. Horney, Jung, and Fromm espouse the view that regaining a sensitivity to inner signals reverses damage and allows recovery of the real self. Recapturing the ability to recognize inner signals facilitates post-trauma healing and enables growth to unfold.

Most think that clients can recover from trauma but that it leaves its mark; recovery does not equate with level of operating prior to the trauma. Therapists have faith that their clients can move to higher levels of functioning, but they do not necessarily word it or think of it in just this way. One such therapist, when asked if one of her goals was to align the client with his/her actualizing

capacity, claimed "In so many other words, yes. I just don't categorize it this way. I talk about empowerment".

Facilitation or Hindrance of Self-actualization

Most therapists agree that the environment can block the capacity to self-actualize, although they tend to emphasize physical and psychological weaknesses as the main restraint. This finding counters what is most often cited in the literature. Maslow (1968) thought that the impulse to grow can be deterred by a negative environment or traumatic events. Horney (1950) claimed that thwarted actualization could occur as a result of a variety of adverse conditions, one of which are having parents that are neurotic and too defended to love the child. So energies that could be used for the sake of growth are instead used in a frustrated and defensive manner.

The findings of this study indicate that the majority of therapists feel the capacity to actualize can be lost and they tend to blame environmental factors as the main determinant of this. While physical and psychological weaknesses may block the capacity to actualize, outside factors from the environment can traumatize and cause it to be lost. This stance concurs with Maslow (1968) that although the inner nature of an individual rarely perishes, it can be suppressed or repressed and sometimes even destroyed permanently.

The inner core gives off directives that can be overcome by fear and a condemning environment.

Jung (1968) held the view that not even death could extinguish the inner voice. It could be ignored or denied, but not destroyed.

Most therapists hold the view that environmental and emotional support facilitate self-actualization. These findings support the findings in the literature review. A nurturing environment can provide for the gratification of essential needs which leaves the individual free to actualize (Maslow, 1968). Once an individual has the basic needs met and is relatively assured of survival, the growth forces activate. Security needs must be gratified first or else they act as a constant deterrent to development (Maslow, 1968). Horney (1950) totally supported the role of a positive environment in fostering the growth process. Rogers (1951) also stressed the impact of an accepting environment. Children in a healthy family can be helped to grow by having their feelings validated. In such a situation there is no need for the children to alienate themselves from their inner experiencing and there is no need to adopt defensiveness or denial.

Effects of Self-actualization

The findings of this study indicate that the majority of therapists view increased psychological strength as a positive consequence of the actualization

process. Therapists note both definite psychological and behavioral changes that result from self-actualization. When asked for specific psychological and behavioral effects of the process of self-actualization as in Question #6, men emphasized increased psychological strength while females gave a more balanced response. When asked for broad changes in an open-ended way as in Question #12, men and women both stressed psychological changes over behavioral. Women emphasized psychological slightly more than men and men noted behavioral changes slightly more than women. In both questions men emphasized psychological strength and changes more than women; the men were consistent in their response. But in Question #12, which was more open-ended and specifically asked for observable changes, the balance of response that women cited in Question #6 shifted to emphasizing psychological changes.

These findings coincide with Horney (1950). Horney (1950) also cited a gain in a sense of strength and increased spontaneity within individuals when they had the chance to grow. Interpersonal relationships improve and capacities and talents develop. Jung (1968) stated his view on this strongly when he said that the only way an individual could experience an authentic and meaningful existence was through self-actualizing and that the effect is wholeness.

and psychological health.

Relation of Therapy to Self-actualization

Although there is difference of opinion on whether positive personal growth can occur naturally or if it requires insight, the majority of therapists regard their clients from the point of view of their potential, not their pain. This view might be biased because all the names were chosen from the American Psychological Association's Register, and these therapists might be more apt to have private practices. Thus, they might be in association with a more privileged group of people than those who are not APA members. The questionnaire did not attempt to elicit the information on whether or not the therapist worked in a private, hospital, or clinical setting. Further research is warranted concerning this issue. Are therapists who work with more privileged and educated clients more optimistic regarding the human capacity and condition than those who work in city hospitals and less desirable settings?

The findings from this study show that most therapists want to facilitate self-actualization and that the majority believe self-actualization requires insight or some other form of intervention. Horney's view that the movement toward actualization was the core element in therapy supports the research findings. Symonds (1980) viewed therapy as a means by which an individual recaptures the real self; that the therapist helps the

inner self of the client to emerge. Fromm (1961) believed that the insight gained from therapy could enable the constructive or actualizing forces within the individual to become operative and effective. Rogers (1951) claimed that a greater sense of the real self emerges as a result of therapy and that therapy removes obstacles so that the individual is able to proceed along the natural course of growth.

Conclusions

A summary of the typical view of self-actualization derived from the sample of respondents is as follows: Most respondents felt that the capacity to actualize did indeed exist within each individual, yet most also agreed that it was not available to all to the same degree. Most therapists thought that physical and psychological weaknesses can block the capacity to actualize and that environmental factors can be so severe that the capacity can be lost. The majority of the respondents felt that environmental support most facilitated actualization and that emotional support was the most important kind of environmental support. Most therapists view the nature of actualization as being a potential. Increased psychological strength and behavioral effects are changes noted by most therapists. Most therapists believed actualization required insight or some other form of intervention. The majority of the therapists answered that one of

their goals was to align their clients with their actualizing capacity. In addition, most therapists view the capacity to actualize as the same dynamism that enables clients to recover from psychological trauma.

The results show that self-actualization is a widely accepted construct that transcends the boundaries of gender, level of experience, and theoretical orientation. Despite broad based differences, therapists agree with each other more than they disagree regarding the presence, process and facilitation of self-actualization. It is overwhelmingly evident that differences in gender, level of experience and theoretical orientation do not divide therapists on their ideas about the presence of actualizing ability. Although there is a wide range of response regarding the factors fostering or hindering actualization and the effects of promoting it, it is widely accepted that each person, given the appropriate tools and skills, has some capacity for it.

It could be argued that only those therapists who understand and espouse the construct of self-actualization responded to the questionnaire. Thus, the results are biased. Even though this was indicated by some therapists, there is no way of knowing why other therapists did not respond. The response rate to the questionnaire was 22 percent.

But whether the nonresponders did not answer because they do not understand or espouse the construct of self-actualization cannot be ascertained.

But even if it could be determined that the nonresponders did so due to lack of interest or understanding, it still would not negate the fact that those who did respond varied in gender, level of experience and theoretical orientation. Even in spite of these differences, they concurred in a broad based way on the presence and process of self-actualization.

Critique

Several points can be made regarding future studies on how therapists view their clients and their capacity to actualize. Terms must be defined clearly. Even after doing that two respondents felt the term "self-actualization" was too abstract and vague. Several did not view their work embracing the construct of self-actualization and thus felt unqualified to answer the questions.

Since this was an information-gathering study, the questions were purposefully worded in a general way. This bothered some respondents. They felt that the questions needed to be more specific in order to be answered meaningfully. One therapist expressed that the questions were "stated in such highly ambiguous language and terms that to answer the questions in any meaningful way is excluded."

Some respondents thought the questions were too demanding. They could understand them, but felt they required too much time. One therapist said that "each of your questions requires a thoughtful essay and I do not have the time to do that." Another claimed that "I believe your questionnaire demands too much of the recipient. Perhaps you should send something less open-ended." Since this was an investigation geared toward gathering information, the researcher purposefully used general and broad terms. But for future study the questions could be refined and be worded more specifically.

The way in which a question is worded is important and will influence the focus of response. For example, in Question #6 the respondents were asked to choose between two main groupings. In Question #12 which was more open-ended yet asked for a response within a specific focus, the emphasis of response shifted instead of maintaining the balance that was cited in Question #6.

Several of the questions could also be combined. Many respondents commented that question #6 and question #12 were closely aligned and cited identical answers for both. The same is also true for question #3 and question #7. Some answered "yes" to question #10 but said they would have used a different wording.

It is important to ensure anonymity. On the first mailing of the questionnaire there was a blank for the therapist to enter his/her name. This was in order for the researcher to be able to send results back to those who were interested. This concerned several respondents and several specifically stated that they did not want their name to be published. So in the subsequent mailings the researcher omitted the space for the therapist's name.

Suggestions for Future Research

This study points the way for future research. The applications of the findings could involve future study of the commonalities among theoretical orientations, the common links among therapists that foster healing and growth in their clients, the importance of expectation regarding outcome of therapy and potential of the client, and variations in attitudes in reference to self-actualization dependent on work setting and clientele.

Questions to be addressed in future research are: (a) Why is there a difference in people's capacity to actualize? (b) How do the forces of recovery and growth differ and how do they relate? (c) Understanding that most therapists want to facilitate self-actualization, how is this approached in the most effective way?

References

- Allport, G. W. (1955). Becoming. New Haven: Yale University Press.
- Angyal, A. (1967). Foundations for a science of personality. Cambridge: Harvard University Press.
- Assagioli, R. (1987). Psychosynthesis. New York: Penguin Books.
- Corsini, R. (1984). Current Psychotherapies. Itasca, Illinois: Peacock Publishers.
- Culpan, F. (1979). Studying action sociometry: An element in the personal growth of the therapist. Group Psychotherapy, Psychodrama & Sociometry, 32, 122-127.
- Frankl, V. E. (1976). Man's Search for Meaning. New York: Pocket Books.
- Franz, M. L. von. (1975). C. G. Jung: His myth in our time. New York: G. P. Putman's Sons.
- Fromm, E. (1961). Man for himself. New York: Holt, Rinehart & Winston.
- Geller, L. (1984). Another look at self-actualization. Journal of Humanistic Psychology, 24, 93-106.
- Goldstein, K. (1939). The organism. New York: American Book.
- Hall, C. S., & Lindzey, G. (1978). Theories of personality. New York: John Wiley.
- Horney, K. (1950). Neurosis and human growth: The struggle toward self-realization. New York: Norton.
- Jung, C. G. (1968). Analytical psychology: Its theory and practice. New York: Pantheon.
- Jung, C. G. (1965). Memories, dreams, reflections. New York: Random House.
- Jung, C. G. (1933). Modern man in search of a soul. San Diego: Harcourt Brace.
- Kopas, J. (1981). Jung and Assagioli in religious perspective. Journal of Psychology and Theology, 9, 216-223.

- Lynd, H. M. (1958). On shame and the search for identity. San Diego: Harcourt Brace.
- Mahrer, A. R. (1978). Experiencing: A humanistic theory of psychology and psychiatry. New York: Brunner/Mazel.
- Maslow, A. H. (1971). The farther reaches of human nature. New York: Viking Press.
- Maslow, A. H. (1968). Toward a psychology of being. New York: Van Nostrand.
- Rogers, C. R. (1951). Client-centered therapy. Boston: Houghton Mifflin.
- Rogers, C. R. (1961). On becoming a person. Boston: Houghton Mifflin.
- Rowan, J. (1983). The real self and mystical experiences. Journal of Humanistic Psychology, 23, 9-27.
- Rowe, W., & Winborn, B. (1973). Self-actualization and counselor interpersonal functioning: A replication. Journal of Humanistic Psychology, 13, 79-84.
- Schachtel, E. G. (1959). Metamorphosis. New York: Basic Books.
- Selfridge, F., & Kolk, C. (1976). Correlates of counselor self-actualization and client-perceived facilitativeness. Counselor Education and Supervision, 15, 189-194.
- Sineta, M. (1973). Ordinary people as monks and mystics. New York: Paulist Press.
- Symonds, A. (1980). The stress of self-realization. American Journal of Psychoanalysis, 40, 293-300.
- Vaughan, F. (1982). The transpersonal perspective: A personal overview. The Journal of Transpersonal Psychology, 14, 37-45.
- Wassell, B. (1980). New frontiers in Horney theory of self-realization. The American Journal of Psychoanalysis, 40, 333-346.

Appendix A

The research outlined here is the result of the work of the following:

The author of the research outlined here is the result of the work of the following:

Appendix A

The Questions and their Rationale

Appendix A

The reasons behind each of the questions in the questionnaire are as follows:

1. This question determines whether or not the self-actualizing capacity is inherent in all human beings. This refers to Maslow's concept that each person possesses a basic inner core which includes inherent capacities and talents.
2. This question determines the therapist's views on individual variability concerning the capacity to actualize. Horney thought that a central inner force is common to all human beings yet unique to each.
3. Maslow stated that fear and a condemning environment can overcome the impulse to healthy growth. This question concerns the various emotional, physical, and psychological issues that threaten the capacity to actualize.
4. Horney believed a good childhood to be essential and Maslow viewed a feeling of safety as crucial to encourage self-actualization. This question focuses on the determinants which facilitate self-actualization.
5. This question concerns how the therapist views the nature of the self-actualizing dynamism. Knowing this would influence how a therapist approaches

its development and how its lack of growth is treated. Maslow realized that the concept of self-actualization was an abstraction and could not be sharply defined. This question seeks to broaden current understanding of self-actualization.

6. Jung thought unrealized creative potentials would develop within self-actualizing individuals. This question centers on how self-actualization affects the individual's life.
7. This question concerns whether or not the capacity to grow is indestructible. This question addresses Maslow's contention that the inner core can sometimes be destroyed permanently.
8. Maslow contended that assured safety is required in order for growth to occur. Fromm, Rogers, and Jung believed therapy could encourage the development of creative abilities. This question seeks to gather information on how to help facilitate self-actualization.
9. Maslow viewed the human organism as moving naturally toward self-actualization while Rogers felt that individuals must acquire the desire through insight. This question concerns the basic nature of self-actualization and what might facilitate its growth.
10. Maslow believed psychological health to be

synonymous to authentic selfhood. Authentic selfhood is attained through personal growth. This question focuses on the theoretical orientation of the therapist and the import given to the concept and development of self-actualization.

11. Maslow and Horney both view personal growth as the cure for neurosis. To these theorists neurosis conceals and distorts the nature of the real self. This question centers on whether the therapist views the growth capacity as the same force that enables an individual to recover from emotional trauma.
12. This question centers on how self-actualization can be measured and gauged (i.e., operationalized). It also makes a reflection on Geller's contention that a specific set of values exists within Maslow's and Rogers' theory of self-actualization.

Appendix A

The following

is a list of the names of the persons who

participated in the study of the

effect of the treatment on the

response of the patients to the

administration of the drug.

The names are listed in alphabetical

order of the last name.

Appendix B

The following is a list of the

names of the persons who participated

in the study of the effect of the

treatment on the response of the

patients to the administration of

the drug.

Survey Cover Letter

The following is a list of the

names of the persons who participated

in the study of the effect of the

treatment on the response of the

patients to the administration of

the drug.

The names are listed in alphabetical

order of the last name.

The following is a list of the

names of the persons who participated

in the study of the effect of the

treatment on the response of the

patients to the administration of

Appendix B

Dear Colleague,

I am conducting this survey to obtain information on therapists' attitudes on self-actualization. You were selected via simple random sampling from the American Psychological Association's Register. Of course, your answers to my questionnaire will be anonymous.

My name is Connie Jones and I am a graduate student at Lindenwood College in St. Louis, Missouri. The purpose of this study is to determine therapists' attitudes about the capacity of clients to recover from psychological damage and to actualize their potentials. Questions regarding the therapists' role in the process of facilitating self-actualization are also included. According to Abraham Maslow's theory, self-actualization is defined as the process of striving to fulfill one's talents, capacities, and potentialities. This is the context in which the term is used in the questionnaire.

The enclosed questionnaire asks you to answer only 12 questions and shouldn't take more than a few minutes to complete. I have also enclosed a stamped, addressed envelope for you to use in returning the questionnaire.

I look forward to receiving your answers. Thank you very much for the time, effort, and help you are

giving me in my research study. If you are interested in receiving the results, please indicate this and I will send them to you when they are ready.

Sincerely,

Connie Jones

Appendix C

Coded Responses to Questionnaire

...ing for

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

Appendix C

Coding for questionnaire by Experience
0-10 years Developing Therapists 12

1. 11 yes
1 no
2. 11 no
1 yes
3. 2 lack of ego strength
1 empathic failures
2 lack of psychological mindedness
1 conscious choice to not take responsibility for one's own emotional growth
1 lack of intelligence
2 organic damage
1 lack of capacity and interest in relating to people
3 emotional trauma
1 long term neglect
1 fear
3 defense mechanisms
1 distorted or unrealistic life expectations
1 lack of religious and moral values
3 psychopathology
1 weak heredity
2 learning negative patterns
4 nonsupportive environment
1 inexperience
1 lack of desire
1 negative thoughts/attitudes
1 lack of intellectual capacity
1 unfulfilled lower level needs
1 crisis
1 medical problems which interfere with functioning
4. 2 mastery of early psychosocial developmental tasks
2 safe, trusting relationship
2 encouragement
1 self-confidence
1 curiosity
3 psychological mindedness
2 ego strength
2 motivation
1 having values beyond the physical and materialistic
3 education
1 good psychological adjustment
3 social support for growth
1 guided experience
1 support
1 acceptance

- 1 intellectual capacity
 - 1 flexibility
 - 2 supportive family
 - 1 proper cognitive attitude
 - 1 therapy
 - 1 greater self-assertion
 - 1 satisfaction of basic needs
 - 1 curiosity
5. 1 force or consciousness though not spontaneous
- 6 potential
 - 1 deliberate attempt to grow
 - 1 life possibilities
 - 1 natural biological capacity
 - 2 innate human capacity
6. 1 develop objectivity about self
- 2 improved relationships
 - 1 meaningful work
 - 3 greater self-esteem
 - 1 sense of control
 - 1 optimism
 - 2 productivity
 - 1 happiness
 - 1 calmer
 - 2 increased ability to self-actualize
 - 2 more insight
 - 1 more energy
 - 1 more motivated
 - 1 greater sense of personal meaning
 - 1 self-acceptance
 - 1 effective living
 - 1 ability to use insight for greater personal growth
 - 1 the desire to continue the quest
 - 1 improved self-knowledge
7. 2 no
- 5 yes, temporarily
 - 4 yes
- 1 when one is lost in the daily struggle to make a living
 - 1 physical illness
 - 4 trauma
 - 1 focus on lower-level needs
 - 1 disuse
 - 1 nonsupportive environment
 - 2 psychopathology
 - 1 head injury
8. 1 experiences that enhance one's belief in his/her conscious growth plan

- 2 safe relationships with others
 - 4 supportive environment
 - 3 role models for actualization
 - 1 association with institutions of higher values
(religious, moral, ethical)
 - 2 support
 - 1 therapy
 - 1 education
 - 1 economic security
 - 2 unconditional positive regard
 - 1 empathy and congruence
 - 2 good family system
 - 1 social support
 - 1 positive reinforcement for self-actualization
 - 1 experience respect and genuineness from therapist
 - 1 direct confrontation
9. 3 both
- 1 insight helps, but not always necessary
 - 3 through insight
 - 1 acquired through overcoming life circumstances and
resolution of conflict
 - 2 varies
 - 1 move naturally if blocks removed and healthier
environment substituted
 - 1 naturally once they get insight into destructive
patterns and dismantle them
- 10.8 yes
- 1 yes, but not first priority
 - 2 depends
 - 1 yes, but in other words
- 11.4 no
- 2 related, but not the same
 - 3 yes
 - 1 perhaps
 - 1 don't know
- 12.2 positive behavior that enhances self-esteem
- 2 improved problem-solving skills
 - 1 ability to discuss feelings
 - 2 meaningful, satisfying work and hobbies
 - 4 improved relationships
 - 4 increased self-esteem
 - 1 sense of control
 - 1 optimism
 - 2 productivity
 - 1 happiness
 - 1 problems shift from the mundane
 - 2 peacefulness
 - 2 more flexibility

- 1 increased risk taking
- 1 increased insight
- 1 positive personal growth
- 1 recognizing self-qualities
- 1 ability to think outloud
- 1 feelings of comfort with self despite awareness of personal limitations
- 1 setting and meeting goals
- 1 fewer depressive statements
- 1 insight into personal problems
- 1 the ability to use this insight for good
- 1 improved self-knowledge
- 1 the desire to continue the quest

Coding for questionnaire by experience
 11-20 years Established Therapists 26

1. 22 yes
 2 no

2. 22 no
 2 yes
 1 don't know

3. 7 physical and mental disabilities
 9 socio-environmental limitations
 2 early learning experience
 6 trauma
 3 intellectual capacity
 1 perceived trauma
 4 fear
 2 lack of opportunity to practice self-actualization skills
 2 prejudicial attitudes
 1 false assumptions about oneself and the world
 1 crisis
 1 addiction
 1 schools
 1 religion
 1 T.V.
 1 magazines
 2 conflict
 2 negative thinking
 2 lack of self-confidence
 1 negative self-image
 1 lack of faith in Higher Power
 1 faulty social learning
 1 faulty endorphins
 2 unmet needs
 3 degree of pathology
 1 motivation
 1 refusal

- 1 financial resources
 - 2 defenses
 - 1 neglect
 - 1 anxiety
 - 1 expectations of others
4. 5 physical and mental abilities
- 11 nurturing environment
 - 3 therapy
 - 5 support
 - 1 ability to release trauma, cope and rebuild
 - 1 encouragement
 - 1 opportunity to have survival needs met
 - 2 removal of prejudicial attitudes
 - 1 self-examination
 - 1 growth experiences
 - 2 positive attitude about self and life
 - 2 social learning
 - 2 fulfillment of basic needs
 - 1 intellectual capacity
 - 2 financial resources
 - 1 motivation
 - 1 goal orientation
 - 3 adequate parenting
 - 1 discipline
 - 2 unconditional positive regard
 - 1 role models of self-actualized people
 - 1 courage to take risks
 - 1 positive feedback
 - 1 increase in self-confidence
 - 1 reduction of conflict
 - 1 reduction of anxiety
 - 1 openness to feedback
5. 14 potential
- 1 all three
 - 1 the growth and development of personality
 - 1 to become more congruent and self-acceptant, not transcendent
 - 1 life is spent trying to get back what there was in all of us before birth
 - 1 social learning
 - 1 intellectual capacity
 - 1 endorphins
 - 1 a potential and spontaneous force
 - 2 natural force
 - 2 an innate drive
6. 2 decreased demoralization
- 3 increased problem solving capacity
 - 2 improved interpersonal relationships
 - 5 improved self-esteem

- 2 satisfaction
 - 1 better able to communicate
 - 1 more developed empathy for self and others
 - 2 inner atmosphere of balance and harmony
 - 2 greater goal directed behavior
 - 3 potential to self-actualize becomes more potent
 - 1 increased ability to experience emotions constructively
 - 2 self-actualization
 - 1 more energy
 - 1 expanding horizons of what is possible
 - 1 the more like Oneself one would become
 - 1 endurance
 - 1 tolerance of frustration
 - 1 less anxiety
 - 1 joy
 - 1 more self-assertive
 - 1 greater productivity
 - 1 more personal power
- 7. 7 it can be inhibited
 - 10 yes
 - 1 no
 - 1 don't know
 - 1 perhaps
 - 2 prejudicial attitudes
 - 3 social and economic constraints
 - 2 disease
 - 1 lack of positive socialization/learning
 - 1 psychological illness
 - 1 through missed and lost opportunities
 - 1 crisis
 - 3 trauma
 - 1 addiction
 - 1 genetics
 - 3 lack of supportive environment
 - 1 schools
 - 1 religion
 - 1 T.V.
 - 1 magazines
 - 1 dehumanizing experiences
 - 1 lost through low self-esteem
 - 1 inability to relate to others in a meaningful way
 - 1 brain injury
 - 1 ungratified deficiency needs
 - 1 war
 - 1 depression
- 8. 1 dynamic therapy
 - 1 corrective emotional experience
 - 1 truth
 - 1 desire

- 1 role model
 - 2 encouraging positive views of self
 - 2 learning coping behaviors
 - 1 intelligence
 - 2 positive relationships
 - 1 through acquiring self-confidence
 - 2 loving people
 - 1 minimal physical gratification
 - 1 good internal objects
 - 2 having basic needs met
 - 3 emotional support
 - 2 social support
 - 1 social values
 - 1 adequate parenting
 - 3 unconditional positive regard
 - 1 kindness
 - 1 interest
 - 1 empathy
 - 1 same as overcoming depression
 - 1 economic
 - 1 family
 - 1 friends
9. 8 naturally
- 8 through insight
 - 5 both
 - 1 natural consequence of having met appropriate conditions
 - 1 therapy helps but is not the final answer
 - 1 need acceptance and environmental possibilities
10. 2 not phrased in those terms
- 16 yes
 - 2 no
 - 1 not as a primary goal without seeing what the client is dealing with first
 - 1 if this means to know, accept and develop the self
 - 1 natural consequence of experiencing unconditional positive regard
11. 2 perhaps
- 1 recovery is subset of self-actualization
 - 12 yes
 - 4 no
 - 1 other
 - 1 not the same but closely related
 - 1 don't know
12. 4 increased self-esteem
- 4 willingness to consider new possibilities
 - 3 increased self-directed behavior
 - 4 more reasonable behavior

- 1 greater satisfaction with life
- 1 ability to be less judgmental
- 1 ability to act and think out options
- 2 more flexibility
- 1 client's report of changes they value
- 2 peace within the self
- 1 optimistic
- 1 taking responsibility for self and others
- 1 ability to express feelings constructively
- 2 tolerance for ambiguity
- 1 greater satisfaction in work
- 1 greater satisfaction in relationships
- 2 more fun
- 1 increased risk taking
- 1 less defensive
- 2 increased productivity
- 3 happier
- 1 increased feelings of self-worth
- 1 dropping false self image
- 3 more energy
- 2 confident pursuit of lofty pleasures
- 1 more excitement
- 1 more integrated creativity
- 2 more appropriate goal-directed behaviors
- 1 discharging responsibilities
- 2 improved looks
- 1 self-awareness
- 1 more optimistic

Coding for questionnaire by experience over 20 years
Mature Therapists 22 so far

1. 4 no
13 yes
2 to some extent
1 yes, although self-actualizing must be defined differently for each client

2. 19 no
3 yes

3. 5 impoverished environment
4 weak heredity
3 chronic illness
5 trauma
4 intellectual capacity
3 bad parenting
1 abuse
1 too much inability to separate and individualize
4 lack of self-confidence
3 cultural attitudes
1 negative introjects
5 defenses
1 repressed conflicts
2 anxiety
2 lack of psychological mindedness
1 lack of objective reactivity
1 lack of zest, vigor, elan
2 fear
1 guilt
1 severe depressions
2 personal failures
1 experiences that foster self-limiting attitudes
1 accidents
1 misinterpretations

4. 1 processing of feelings
4 acceptance
1 mastery
2 warmth
6 nurturing environment
1 help in developing resources
2 intellectual capacity
3 therapy
1 for the therapist to believe in the self-actualizing process
1 self-image enhancement
3 support
1 modeling
1 positive myths
1 to know its promise
1 to be willing to pay the price- giving up old habits
1 warm, trusting relationship
1 integration
1 goal orientation

- 1 psychological resiliency
 - 1 maturity
 - 1 positive life experiences
 - 2 good parenting
 - 1 positive feedback
 - 1 how people deal with you in times of crisis
 - 1 good schools and teachers
5. 12 potential
- 2 a force
 - 1 development process
 - 1 a potential and a substance
 - 1 the self is like an acorn
6. 4 greater autonomy
- 5 growth
 - 2 creativity
 - 3 problem solving
 - 1 decreased symptoms
 - 2 more energy
 - 3 increased self-confidence
 - 1 caring
 - 3 joy
 - 1 a. experiencing shame, rage and fear b. experiencing wanting, needing c. developing strength to reach for what one wants c. new capacities for loving, joy and spontaneity
 - 1 genitality
 - 1 peace
 - 1 less rigid
 - 1 ability to accept one's fate in life
 - 1 self-starting
 - 1 less defensive
 - 1 effects are salutary but unpredictable
7. 1 depends
- 2 no
 - 3 diminished
 - 1 don't know
 - 10 yes
 - 1 capacity is always there, but the will to try and the limiting of goals for oneself can be a reality
 - 1 depression
 - 1 danger
 - 1 brain injury
 - 1 experiences of shame and humiliation
 - 1 impoverished environment
 - 2 psychotic breakdown
 - 1 Alzheimer's disease
 - 1 perceived or real failures
 - 7 severe trauma
 - 1 defenses
8. 1 no
- 5 therapy

- 8 encouragement
 - 1 availability of a caring person
 - 1 parents who believe in the capacity and stamina of their children
 - 3 unconditional positive regard
 - 1 good food and shelter
 - 3 love
 - 2 learning opportunities
 - 1 reward
 - 5 support
 - 1 defenses need constant battering
 - 1 friendship
 - 1 financial resources
 - 1 set of experiences that gives the person perspective of "There's more than me"
 - 1 goal setting
 - 1 soundly-based praise
 - 1 freedom to try
 - 1 health
9. 2 both
- 9 naturally
 - 8 requires insight
 - 1 what is important is release
- 10.4 no
- 13 yes
 - 1 to clarify choices and develop courage
 - 1 use the term autonomy, independence, motivation, movement forward
 - 1 to have person develop courage to be, feel and think
- 11.1 don't know
- 8 yes
 - 1 partly
 - 1 it's resilience
 - 5 no
- 12.1 can only be measured against the patient's baseline
- 2 independent action
 - 5 problem solving
 - 1 creativity
 - 3 good mood
 - 2 personal growth
 - 1 spontaneity
 - 1 risk taking
 - 3 increase in energy
 - 2 sense of fulfillment
 - 1 love effectively
 - 1 work effectively
 - 2 more assertiveness (standing up for self in unfair situations)
 - 1 accepting success
 - 1 staying intact when criticized

- 2 self-awareness
- 1 hopefulness
- 2 more warmth
- 2 humor
- 1 congruency
- 2 increased joy
- 1 good self-esteem
- 1 shift from blaming to taking responsibility for one's own life
- 1 adult genitality
- 1 quiet contentment
- 1 sense of present and future
- 2 attitude about abilities
- 1 actions match abilities
- 1 decreased impulsiveness
- 1 increased self-efficacy
- 1 increased acceptance of one's fate, but not to the exclusion of persistent effort to do one's very best
- 1 being on time or early for appointments
- 1 dressing carefully and neatly
- 2 making new friends
- 1 inviting parents or friends to meet therapist
- 1 making plans for the future
- 1 self-acceptance
- 1 the capacity to be with and to understand others

Coding for questionnaire by Gender -Male 35 males in
all

1. 22 yes
 - 4 no
 - 2 to some extent
 - 1 the potential exists, not the thing itself
 - 1 yes, although self-actualizing must be defined differently for each client
 - 1 we can live as burn victims without the use of self-destructive selves
2. 29 no
 - 1 don't know
 - 2 yes (1 of these said theoretically)
 - 1 probably
3. 1 fear of success and the responsibility that follows
 - 1 inability to attain satisfaction along hierarchy of needs
 - 1 fear of failure and the shame that follows
 - 4 chronic illness
 - 1 lack of knowledge
 - 10 neuro-biological limitations
 - 5 fear
 - 1 motivation
 - 4 ignorance
 - 6 wounds from childhood
 - 1 neglect
 - 8 serious trauma
 - 2 early learning experiences
 - 1 experiences of shame and humiliation
 - 3 impoverished environment
 - 3 negative self-image
 - 5 cultural attitudes
 - 1 negative introjects
 - 2 mistrust of self
 - 3 psychological conflict
 - 2 lack of warm supportive environment
 - 1 psychosexual blocks
 - 2 lack of insight
 - 1 lack of psychological mindedness
 - 1 lack of objective reactivity
 - 1 lack of zest, vigor, elan
 - 1 guilt
 - 2 intelligence
 - 1 developmental arrest
 - 2 negative thinking
 - 1 lack of faith in a Higher Power
 - 1 severe depression
 - 2 personal failures
 - 1 defense mechanisms
 - 1 school
 - 1 religion
 - 1 T.V.

- 1 magazines (help teach us not to listen to self)
 - 2 current crisis in life over which one does not have direct control
 - 1 addictions
 - 1 prejudicial attitudes
 - 1 stereotypes
 - 1 economic constraints
 - 1 accidents
 - 1 misinterpretations
 - 1 inhibitions
 - 1 life events
 - 1 faulty social learning
 - 1 faulty endorphins
 - 1 distorted or unrealistic life expectations
 - 1 lack of religious or moral values
 - 1 psychopathology
4. 15 support from caring people
- 1 acceptance
 - 2 appropriate models of self-actualized people
 - 5 encouragement
 - 1 courage to take risks
 - 1 attainment of needs
 - 2 successful feedback
 - 1 processing of feelings
 - 2 emotional safety
 - 1 discipline to develop skill
 - 1 education
 - 1 socio-economic support
 - 1 societal values
 - 4 unconditional positive regard
 - 1 intelligence
 - 3 psychotherapy
 - 1 health
 - 1 to know its promise
 - 1 to be willing to pay the price - giving up old habits
 - 1 integration
 - 1 goal orientation
 - 1 psychological resiliency
 - 1 maturity
 - 1 affection
 - 1 mirroring
 - 1 positive attitude
 - 2 parental love and encouragement
 - 1 respect and praise for good work
 - 1 self-confidence
 - 1 curiosity
 - 1 achievement needs
 - 1 psychological mindedness
 - 3 ego strength
 - 1 clear ego boundaries for parents
 - 1 luck in the gene pool
 - 2 positive role model
 - 2 good schools and teachers

- 1 removal of prejudicial attitudes
 - 1 removal of stereotypes
 - 1 removal of social and economic constraints
 - 2 good health
 - 1 favorable life events
 - 1 motivation to be happy and free
 - 1 having values beyond the physical and materialistic
5. 3 a natural force or drive
- 20 potential
 - 1 development process
 - 1 deliberate attempt to grow
 - 1 life is spent trying to get back that which was there in all of us before birth
 - 1 the self is like an acorn
 - 1 it is a potential and a substance
 - 1 to become more congruent and self-acceptant, not transcendent
 - 1 result of the growth and development of personality
 - 1 life possibilities
 - 1 social learning, I.Q., and endorphins
6. 6 greater self-esteem
- 5 more energy
 - 2 less anxiety and depression
 - 1 sense of meaning
 - 7 personal growth
 - 4 productivity
 - 3 greater autonomy
 - 1 creativity
 - 1 caring
 - 2 increased problem solving capacity
 - 1 better interpersonal relationships
 - 1 a. experiencing shame, rage and fear b. experiencing wanting c. developing strength to reach for what one wants d. new capacities for loving, joy, and spontaneity
 - 1 genitality
 - 3 happiness
 - 2 contentment
 - 1 courage and freedom to be, to think and to feel
 - 1 ability to evaluate situations according to circumstances, not rules
 - 1 ability to accept one's fate
 - 1 self-starting
 - 1 less defensive
 - 1 sense of control
 - 1 optimism
 - 1 increases ability to express feelings
 - 1 effects are salutary but unpredictable
 - 1 goal directed behavior
 - 1 self-actualization
 - 1 more self-acceptance

7. 6 it can be suppressed
 2 no
 3 perhaps
 3 lost temporarily
 16 yes
- 9 severe trauma
 1 disuse
 6 nonsupportive environment
 1 war
 2 experiences of shame and humiliation
 1 perceived or real failures
 1 defenses
 1 lack of self-esteem
 1 inability to relate in a meaningful way to significant others
 1 unclear ego boundaries for parents
 1 addictions
 1 prejudicial attitudes
 1 stereotypes
 1 social and economic constraints
 1 disease
 1 lack of positive socialization/learning
 2 injury to the brain
 1 lost in the daily struggle to make a living
8. 1 not necessary, but helpful
 5 unconditional acceptance of the client's right to grow
 13 encouragement
 2 kindness
 2 cultural support
 1 consistent caring
 4 therapeutic support
 1 societal values
 1 psychotherapy
 1 intelligence
 1 emotionally corrective experience
 3 unconditional positive regard
 1 modeling
 3 sense of being loved
 4 friendship (positive relationship)
 1 set of experiences that gives the person perspective, "There's more than me".
 1 goal setting
 1 minimal physical gratification
 1 good internal objects
 2 reinforcements both of effort and progress
 1 intelligence
 1 education
 1 health
 1 having models of self-actualized people
 1 having contact with institutions of higher values (moral, religious, and ethical)

9. 10 naturally
 13 requires insight
 5 both
 1 depends
 1 natural consequence of having met the appropriate conditions
 1 insight helps, but not always necessary
 1 what is important is release
 1 acquired through overcoming troubling life circumstances and resolution of conflict
- 10.24 yes
 3 no
 1 depends
 3 gain clarity on issues and take courage to make changes
 1 yes, but use the terms autonomy, independence, motivation, movement forward.
 1 if this means to know, accept and develop the self
 1 its a natural consequence of experiencing a sense of positive regard
- 11.3 Recovery involves containment of fear and pain, actualizing process involves opening up to experiences.
 15 yes
 2 don't know
 2 not the same, but very closely related
 1 Resilience is what it is!
 1 recovery is a short term therapeutic aim; self-actualization is much longer term
 3 no (1 this is apples and pears)
- 12.6 increased happiness
 1 can only be measured against an individual's baseline
 5 goal-directed behavior
 1 ability to love with "holes"
 6 more energy
 1 more insight
 1 discharging responsibilities
 6 productivity
 2 more care given to physical appearance
 3 risk taking
 4 more inner harmony
 1 spontaneity
 1 more creativity
 1 more independent action
 9 self-esteem
 4 personal growth
 2 sense of fulfillment
 4 healthier intimacy
 1 openness to contradictory ideas or feelings
 3 more reasonable behavior
 1 self-awareness
 3 more optimistic attitude
 1 more warmth

- 1 more humor
- 2 more alternative ways of viewing old problems
- 1 shift from blaming to taking responsibility for one's life
- 1 adult genitality
- 1 sense of present and future
- 1 increased self-efficacy
- 2 increased self-acceptance
- 1 allowing oneself to be vulnerable
- 3 letting go of rigidity
- 1 being on time or early for appointments
- 2 making new friends
- 1 be more assertive
- 1 inviting parents or friends to meet the therapist
- 1 sense of control
- 1 ability to express feelings in non-codependent/ aggressive manner
- 1 increase in non-destructive interactions
- 1 increased ability to live "not-knowing-for-sure-anyway"
- 1 increased self-directed behavior
- 1 responsibility for welfare of self and others
- 1 more empathic
- 1 greater satisfaction in one's work
- 1 problems shift from the mundane
- 1 more inquiring of what, when, where of life

Coding for questionnaire by Gender - Female

1. 21 yes
 - 2 no
 - 1 existed at some time in each person but in a few may be damaged beyond repair
2. 21 no
 - 1 initially yes after trauma no
 - 2 yes
3. 7 weak heredity
 - 2 fear
 - 6 poor/unsupportive environment
 - 2 degree of pathology
 - 3 motivation
 - 1 lack of financial resources
 - 2 trauma (rejection, constant belittling)
 - 1 inability to separate and individualize
 - 6 defense mechanisms
 - 1 false assumptions about oneself and the world in which one lives
 - 1 expectations of others
 - 2 negative thoughts/attitudes
 - 2 intellectual capacity

- 3 lack of ego strength
 - 1 lack of capacity and interest in relating to people
 - 1 long term neglect
 - 1 conflict
 - 1 anxiety
 - 2 lack of self-confidence
 - 1 unfulfilled lower level needs
 - 1 crisis
 - 1 medical problems which interfere with functioning
 - 1 empathic failures
 - 1 lack of psychological-mindedness
 - 1 conscious choice to not take responsibility for one's emotional growth
 - 1 psychopathology
- 4.10 supportive relations (that are safe and trusting)
 - 1 mastery
 - 1 education
 - 3 financial resources
 - 4 encouragement
 - 2 motivation
 - 1 societal values
 - 1 ability to release trauma
 - 3 therapy
 - 1 necessary for the therapist to believe in the self-actualizing process
 - 4 positive environment
 - 1 intellectual capacity
 - 3 ability to examine self without self-downing
 - 1 flexibility
 - 2 positive life experiences
 - 1 openness to feedback
 - 1 positive attitude
 - 2 fulfillment of basic needs
 - 1 reduction of conflict
 - 1 increase in self-confidence
 - 1 challenge
 - 1 belief in the self
 - 1 mastery of early psychosocial developmental tasks
- 5. 13 potential
 - 1 substance
 - 2 spontaneous force
 - 1 natural tendency
 - 3 innate force based on drive
 - 1 force or consciousness though not spontaneous
- 6. 5 increased ability to actualize
 - 1 problem solving
 - 1 decreased symptoms
 - 1 inner balance and harmony
 - 1 the more like Oneself one would become
 - 2 increased energy
 - 1 better able to communicate
 - 5 increased self-esteem

- 2 joy
 - 3 improved functioning
 - 1 self-acceptance
 - 3 improved relationships with others
 - 1 meaningful work
 - 1 less anxiety
 - 1 more self-assertive
 - 1 emotional/intellectual understanding of the problem
 - 1 ability to use insight for the good
 - 1 improved self-knowledge
 - 1 the desire to continue the quest
 - 1 optimism
 - 1 endurance
 - 1 tolerance of frustration
 - 1 develops objectivity about self
7. 11 yes
- 4 no
 - 1 capacity can be diminished, not lost
 - 3 temporarily when main task is to repair, reorganize self rather than expand
 - 1 don't know
- 1 Alzheimer's disease
 - 3 depression
 - 2 danger
 - 2 brain injury
 - 1 schizophrenia
 - 1 war
 - 1 trauma
 - 1 physical illness
 - 1 missed and lost opportunities
 - 2 through involvement with a "world" that effectively blocks it
 - 1 if basic needs are denied
 - 1 lack of environmental support and increase in conflict can interfere with effectiveness but not capacity
 - 1 it can be overwhelmed by other needs
8. 7 yes
- 1 no
 - 1 not necessary, but helpful
- 5 acceptance
 - 3 therapists
 - 1 education
 - 3 economic security
 - 1 desire
 - 1 a role model
 - 1 someone must celebrate you for who you are
 - 2 societal values
 - 1 truth
 - 1 learning problem solving skills
 - 1 be available

- 1 be accepting but set limits on behavior
 - 1 parents who have a firm belief in the capacity and stamina of their children
 - 3 support
 - 1 encouragement
 - 1 defenses need constant battering
 - 2 good family system
 - 2 unconditional positive regard
 - 1 empathy and congruence
 - 1 acquiring or reacquiring self-confidence
 - 1 positive reinforcement
 - 1 safe emotional relationships
 - 1 direct confrontation
 - 1 same as overcoming depression
 - 1 experiences that enhance one's belief in his/her conscious growth plan
9. 1 varies
- 7 naturally
 - 4 both
 - 8 requires insight
 - 1 move naturally once insight is gained in destructive behavior and verbal patterns and they are dismantled
 - 1 must have acceptance and environmental possibilities
10. 18 yes
- 2 no
 - 1 get clients to accept and care for themselves
 - 1 it depends
11. 8 yes
- 1 don't know
 - 1 only partly
 - 1 not necessarily, recovery equals healing capacity
 - 3 no
 - 1 related, but not the same
 - 1 yes, but self-actualization is a value which may not be present
12. 7 increased personal growth
- 6 improved problem solving skills
 - 1 creativity
 - 1 good mood
 - 1 increased energy
 - 1 ability to be less judgemental
 - 1 ability to adjust to change
 - 1 ability to accept success
 - 1 more assertiveness
 - 1 staying intact in the face of criticism
 - 1 feeling of achievement
 - 2 congruency
 - 2 increased joy
 - 5 increased capacity for self-awareness
 - 4 increased self-esteem

- 1 feelings of power
- 1 improved looks
- 1 ability to think outloud
- 2 feeling of comfort with self despite knowledge of areas for growth
- 1 fewer depressive statements
- 1 ability to discuss feelings in the here and now
- 1 meaningful work and hobbies
- 2 improved relationships with others
- 1 the desire to continue the quest

Coding for questionnaire by theoretical orientation
humanistic 3

1. 3 yes
2. 3 absolutely not
3. 1 fear of success and the responsibility that follows
 - 1 environmental conditions
 - 1 fear of failure and shame that follows
 - 1 intellectual capacity
 - 1 lack of knowledge
4. 1 support from caring people
 - 1 fulfillment of basic needs
 - 1 appropriate models of self-actualized people
 - 1 financial resources
 - 1 courage to take risks
 - 1 supportive environment
 - 1 successful feedback
5. 1 a natural force or drive
 - 1 natural tendency
6. 2 greater self-esteem
 - 1 less anxiety and depression
 - 1 a more forward moving direction
7. 1 doubt it can be lost, but it can be suppressed
 - 1 yes, if basic needs are denied
8. 1 unconditional acceptance of the client's right to grow
 - 1 economic
9. 1 through insight
 - 1 move naturally
10. 2 yes
11. 1 Recovery involves containment of fear and pain, actualizing process involves opening up to experiences.
 - 1 yes
12. 2 increase in happiness
 - 1 more appropriate goal-directed behavior
 - 1 personal growth
 - 1 discharging responsibilities
 - 1 more care given to physical appearance

Coding for questionnaire by theoretical orientation
Affective therapy 1

1. 1 no
2. 1 no
- 3.
4. 1 processing of feelings
5. 1 potential
6. 1 feeling of freedom and independence
1 independent behavior
7. 1 depends
8. 1 therapy
9. 1 move naturally
- 10.1 no
- 11.
- 12.1 independent action

Coding for questionnaire theoretical orientation
psychodynamic (object-relations and self-psychology)
16

1. 11 yes
1 it's a matter of degree
1 no
1 it existed at one time in each person, but in a few
may be damaged beyond repair
2. 1 yes
14 no
3. 5 nonsupportive environment
4 weak heredity
2 emotional abuse
2 degree of pathology
1 motivation
5 trauma
1 too much inability to separate and individualize
1 lack of self-esteem
2 cultural attitudes
2 lack of psychological mindedness
1 lack of objective reactivity
1 lack of zest, vigor, elan
3 lack of intellectual capacity
1 fear

- 2 defense mechanisms
 - 1 ego boundary difficulties
 - 1 lack of capacity and interest in relating to people
 - 1 organic damage
 - 1 long term neglect
 - 1 parents
 - 1 schools
 - 1 religion
 - 1 T.V.
 - 1 magazines (help teach us how not to listen to self)
 - 1 addictions
4. 5 acceptance
- 1 education
 - 2 encouragement
 - 1 motivation
 - 5 support
 - 1 intellectual capacity
 - 4 therapy
 - 1 for the therapist to believe in the self-actualizing process
 - 1 self-image enhancement
 - 2 goal orientation
 - 1 psychological resiliency
 - 1 self-confidence
 - 1 curiosity
 - 1 psychological mindedness
 - 1 ego strength
 - 1 safe, trusting relationship
 - 2 ability of parents to be "good enough"
 - 1 luck in the gene pool
5. 8 a potential
- 1 a force within that says relentlessly says, "Things can get better"
 - 1 deliberate attempt to grow
 - 1 innate force based on drive
 - 1 life is spent trying to get back that which was there before birth
 - 1 to become more congruent and self-acceptant, not transcendent
6. 1 sense of meaning
- 2 high energy
 - 3 personal growth
 - 1 decreased demoralization
 - 2 increased problem solving ability
 - 2 better interpersonal relationships
 - 2 happiness
 - 1 contentment
 - 4 self-confidence
 - 1 peace
 - 1 sense of control

- 1 optimism
 - 1 meaningful work
 - 1 ability to experience feelings without somatic or psychological complaint
7. 1 no
- 4 it can be suppressed
 - 2 yes, in severe psychological and organic dysfunctions (complete demoralization = loss of self-actualization)
 - 1 depression
 - 1 experiences of shame and humiliation
 - 1 Alzheimer's disease
 - 1 failures perceived or real
 - 1 anxiety
 - 1 environmental factors
 - 1 unclear ego boundaries for parents
8. 1 support helpful, but not necessary
- 6 acceptance
 - 1 education
 - 3 encouragement
 - 1 financial resources
 - 3 therapy
 - 1 availability of a caring person
 - 2 parents who believe in the capacity and stamina of their children
 - 1 unconditional positive regard
 - 1 set of experiences that gives the person perspective of "There's more than me"
 - 1 support
 - 1 positive reinforcement
 - 1 safe, trusting relationship
 - 1 loving people
9. 4 requires insight
- 1 varies
 - 6 naturally
 - 1 insight helps, but not necessary
 - 1 move naturally once they get insight into destructive behavioral and verbal patterns and dismantle them
- 10.16 yes
- 2 no
 - 1 to clarify issues and take courage to make changes
 - 1 use the term autonomy, independence, motivation, movement forward.
 - 1 to get clients to accept and care for themselves
- 11.6 yes
- 1 only partly
 - 1 don't know

- 1 it's resilience!
- 1 no
- 1 related but not the same

12.5 self-confidence

- 1 sense of control
- 2 optimism
- 1 setting and meeting goals
- 3 sense of accomplishment
- 4 attempts new and positive things
- 1 love effectively
- 2 work effectively
- 1 more assertiveness (stands up for Self in unfair situations)
- 1 accepting success
- 1 staying intact when being criticized
- 2 feeling of satisfaction
- 1 more energy
- 1 self-awareness
- 1 more alternaive ways of viewing old problems
- 1 playfulness
- 1 sense of present and future
- 1 productivity
- 1 happiness
- 1 relationships in which other participants are more appreciated for selves than used as objects
- 1 ability to live with "holes"
- 2 ability to express feelings in non-codependent manner
- 1 ability to tolerate ambiguity

Coding for questionnaire by theoretical orientation
client-centered 3

1. 1 no
2 yes
2. 3 no
3. 1 inability to attain satisfaction of needs
 - 1 negative thinking
 - 2 negative self-image
 - 1 lack of faith in a Higher Power
 - 1 prejudicial attitudes
 - 1 stereotypes
 - 1 social and economic constraints
 - 1 disease
4. 1 attainment of needs
 - 1 positive attitude self and life
 - 1 discipline
 - 1 some significant other believing in one
 - 1 genetic traits that promote self-actualization

- 1 removal of prejudicial attitudes
 - 1 removal of stereotypes
 - 1 removal of social and economic constraints
 - 1 good health
5. 2 potential
- 1 a result of the growth and development of personality
6. 2 feelings of growing
- 1 goal directed behavior
 - 1 self-esteem
7. 1 lost temporarily
- 1 yes
 - 1 lack of self-esteem
 - 1 inability to relate in a meaningful manner to significant others
 - 1 lack of positive socialization/learning
 - 1 prejudicial attitudes
 - 1 stereotypes
 - 1 social and economic constraints
 - 1 disease
8. 1 support
- 1 sense of being loved
 - 1 encouragement
 - 1 intelligence
 - 1 positive relationships
9. 1 insight
- 1 natural consequence of having met the appropriate conditions
 - 1 both
10. 2 yes
- 1 natural consequence of experiencing sense of positive regard
11. 1 they are different
- 2 yes
12. 1 move to pursue lofty pleasures
- 1 increased risk taking
 - 2 less rigid
 - 1 increased self-directed behavior
 - 1 responsibility for welfare of self and others
- Coding for questionnaire theoretical orientation eclectic
- 20
1. 13 yes
- 3 no

- 1 to some extent
- 2. 15 no
 - 1 initially yes after trauma no
 - 1 theoretically yes
 - 1 probably
 - 1 no
- 3. 4 environmental constraints
 - 4 fear
 - 2 chronic illness
 - 6 weak heredity
 - 1 lack of experience
 - 1 refusal
 - 5 serious trauma
 - 1 financial resources
 - 1 perceived trauma
 - 1 early infantile experience
 - 1 intellectual capacity
 - 4 defense mechanisms
 - 1 mistrust of self
 - 1 repressed conflicts
 - 1 wounds from childhood
 - 1 culture which supports narcissistic competition
 - 1 false assumptions about oneself and the world in which one lives
 - 1 severe depressions
 - 2 personal failures
 - 1 psychopathology
 - 1 expectations of others
 - 1 faulty social learning
 - 1 faulty endorphins
 - 1 ignorance
 - 2 neglect
 - 1 negative introjects
- 4. 8 support
 - 1 education
 - 2 acceptance
 - 1 mastery
 - 2 encouragement
 - 3 nurturing environment
 - 2 financial resources
 - 2 good friends
 - 1 societal values
 - 1 ability to release trauma
 - 1 consistency
 - 1 to know its promise
 - 1 to be willing to pay the price - giving up old habits
 - 1 self-examination
 - 1 growth experiences
 - 1 parental love plus reasonable limits

- 1 trusting the child to explore his/her own problems and being happy enough with the child's solutions
 - 1 respect and praise for good work
 - 2 therapy
 - 1 openness to feedback
 - 1 social learning
 - 1 emotional safety
 - 1 energetic involvement from someone who is confirming
 - 1 modeling
 - 1 positive myths
- 5.14 potential
- 1 substance
 - 2 spontaneous force
 - 1 social learning
 - 1 I.Q.
6. 4 growth
- 3 problem solving
 - 2 creativity
 - 1 decreased symptoms
 - 2 inner harmony and balance
 - 1 the more like Oneself onw would be
 - 2 more energy
 - 1 personal growth
 - 3 greater self-esteem
 - 1 ability to communicate
 - 3 more functional behavior
 - 2 joy
 - 1 a. experiencing shame, rage and fear b. experiencing wanting, needing c. developing strength to reach for what one wants c. new capacities for loving, joy and spontaneity
 - 2 the self-actualizing potential becomes a more potent force
 - 1 self-starting
 - 1 less defensive
 - 1 caring
 - 1 more personal power
7. 2 diminished by hostile environment
- 10 yes
 - 2 no
 - 3 perhaps
- 2 depression
 - 1 danger
 - 2 brain injury
 - 1 schizaophrenia
 - 5 severe trauma
 - 1 disuse
 - 2 nonsupportive environment
 - 1 war

- 1 physical illness
 - 2 missed and lost opportunities
 - 1 oppression
8. 1 no
- 7 yes
 - 1 not necessary, but very helpful
- 1 motivation
 - 1 role model
 - 5 encouragement
 - 1 acceptance
 - 1 someone must celebrate you for who you are
 - 3 financial resources
 - 1 truth
 - 1 learning problem solving methods
 - 1 corrective emotional experience
 - 5 support
 - 1 defenses need constant battering
 - 2 love
 - 2 friendship
 - 1 good food and shelter
 - 1 unconditional positive regard
 - 1 increased self-confidence
 - 1 therapy
 - 1 soundly-based praise
 - 1 learning opportunities
 - 1 positive reinforcement
9. 7 naturally
- 2 both
 - 8 requires insight
 - 1 depends
- 10.3 no
- 13 yes
 - 1 depends
 - 1 to clarify choices and develop courage
11. 2 perhaps
- 10 yes
 - 1 not necessarily, recovery equals healing capacity
 - 1 recovery is a subset of actualization
12. 4 problem solving
- 2 creativity
 - 3 good mood
 - 5 personal growth
 - 1 spontaneity
 - 1 risk taking
 - 1 intimacy
 - 2 sense of fulfillment
 - 1 increased insight

- 4 increased energy
- 2 less rigid
- 1 more reasonable behavior
- 1 congruency
- 3 increased joy
- 1 increased capacity for self-perception
- 1 can only be measured against an individual's baseline
- 1 shift from blaming to taking responsibility for one's own life
- 1 feelings of power
- 3 increased self-esteem
- 1 being on time or early for appointments
- 2 dressing carefully and neatly
- 2 making new friends
- 1 inviting parents or friends to meet therapist
- 1 making future plans
- 1 being more assertive
- 1 increased productivity
- 2 warmth
- 1 more inner harmony
- 1 humor

Coding for Questionnaire Theoretical Orientation
Cognitive 3

1. 2 yes
2. 2 no
3. 1 genetic inheritance
 - 1 early learning experience
 - 1 trauma
 - 1 lack of ego strength
 - 1 empathic failures
 - 1 lack of psychological mindedness
 - 1 conscious choice to not take responsibility for one's emotional growth
4. 1 unconditional positive regard
 - 1 mastery of early psychosocial developmental tasks
5. 1 potential
 - 1 force or consciousness though not spontaneous
6. 1 develop objectivity about self
7. 1 probably, but can be regained
 - 1 no
8. 1 affirmation of the individual
 - 1 experiences that enhance one's belief in his/her conscious growth plan

- 9. 1 requires insight
 - 1 both
- 10. 2 yes
- 11. 1 not the same, but very closely related
 - 1 no
- 12. 1 openness to contradictory ideas or feelings
 - 1 improved decision-making skills
 - 1 improved problem-solving skills

Coding for questionnaire by theoretical orientation -
classical psychoanalytic 6

- 1. 5 yes
 - 1 the potential exists, not the thing itself
- 2. 2 yes
 - 4 no
- 3. 1 psychosexual blocks
 - 2 fear
 - 1 guilt
 - 2 negative attitudes towards the self
 - 1 developmental arrest
 - 3 conflict
 - 1 trauma
 - 2 environmental factors
 - 1 weak heredity
 - 1 life events
 - 1 anxiety
 - 1 lack of self-confidence
- 4. 1 integration
 - 3 supportive, caring encouraging environment
 - 1 affection
 - 1 mirroring
 - 2 positive life experiences
 - 1 psychological-emotional maturity
 - 1 reduction of conflict
 - 1 increase in self-confidence
- 5. 3 potential
 - 1 life possibilities
 - 1 drive and motivation to experience wholeness
- 6. 1 genitality
 - 1 courage and freedom to be, think and feel
 - 1 joy
 - 1 less anxiety
 - 1 self-assertion
 - 1 greater capacity to relate to others effectively

- 7. 3 yes
 - 2 no, only thwarted
 - 1 defenses
 - 2 trauma
- 8. 2 acceptance
 - 1 encouragement
 - 1 minimal gratification
 - 1 good internal objects
- 9. 3 must acquire
 - 1 naturally
 - 1 acquired through overcoming troubling life circumstances and resolution of conflict
 - 1 acceptance
 - 1 environmental possibilities
- 10.4 yes
 - 1 to have person develop courage to be, think and feel
 - 1 if this means to know, accept, and develop the self
- 11.3 yes
 - 1 recovery is repair; self-actualization is progress
 - 1 yes, but self-actualization is a value which may not be present
- 12.1 adult genitality
 - 1 attitude about abilities
 - 1 actions match abilities
 - 1 self-confidence
 - 1 self-respect
 - 2 greater satisfaction in love
 - 2 greater satisfaction in work
 - 1 self-awareness
 - 1 attention to goals

Coding for questionnaire by theoretical orientation
Family Systems 2

- 1. 2 yes
- 2. 2 no
- 3. 1 rigid defense structures
 - 1 physiological malfunctioning/injury
 - 1 lack of will or desire
 - 1 negative thoughts and attitudes
 - 1 poor/unsupportive environment
- 4. 1 intelligence
 - 1 ability to self-examine without self-downing
 - 1 flexibility

- 2 benign family of origin experience
 - 1 positive attitude
 - 1 ability for self-introspection
- 5. 1 potential
- 6. 1 improvement in self-esteem
 - 1 self-acceptance
 - 1 effective living
- 7. 1 yes
 - 1 yes temporarily
 - 1 serious head injury
 - 1 severe psychological trauma
- 8. 2 yes
 - 2 good family system
 - 1 unconditional positive regard
 - 1 empathy and congruence
 - 1 societal support
- 9. 1 naturally
 - 1 both
- 10.2 yes
- 11.1 yes
- 12. 1 positive behavior that enhances self-esteem
 - 1 independent decision making
 - 1 recognizing self qualities
 - 1 ability to think outloud
 - 1 feeling of comfort with self despite knowledge of areas for growth

Coding for questionnaire by theoretical orientation
Rational-Emotive 1

- 1. 1 yes, although self-actualizing must be defined differently for each client
- 2. 1 no
- 3. 1 intelligence
- 4. 1 maturity
- 5. 1 development process
- 6. 1 greater autonomy
 - 1 ability to evaluate situations according to circumstances, not rules
 - 1 ability to accept one's fate in life

- 7. 1 not lost, but seriously underdeveloped
- 8. 1 goal setting
 - 1 feedback
 - 1 reinforcement for growth
- 9. 1 naturally
- 10.1 yes
- 11.1 recovery is short term therapeutic aim; self-actualization is much longer term
- 12. 1 increased problem solving capacity
 - 1 decreased impulsiveness
 - 1 taking one's self less seriously
 - 1 increased self-efficacy
 - 1 increased acceptance of one's fate, but not to the exclusion of persistent effort to do one's very best

Coding by theoretical orientation

Social learning 1

- 1. 1 yes
- 2. 1 no
- 3. 1 experiences that foster self-limiting attitudes
 - 1 current crises in life over which one does not have direct control
 - 1 lack of inherited ability
- 4. 1 significant others in one's life and what they do to enhance development
 - 1 how people deal with you at times of crisis
 - 1 environmental climate in which there is personal space to grow and try
 - 1 good schools and teachers
- 5. 1 both a potential and a substance
- 6. 1 effects are salutary but unpredictable
- 7. 1 capacity is always there, but the will to try and the limiting of goals for oneself can be reality
- 8. 1 yes
 - 1 encouragement
 - 1 freedom to try
 - 1 reinforcement both of effort and progress
 - 1 support for facing internal and external obstacles to self-actualization

- 9. 1 what is important is release
- 10.1 yes, but it might not be put that way
- 11.1 no, the baseline and processes involved and goals are different
- 12.1 attitudes, values, feelings may change (they may or may not be observable)

Coding for questionnaire by theoretical orientation
Clinical psychology 1

- 1.
- 2. 1 no
- 3. 1 sickness
 - 1 socioeconomic factors
 - 1 accidents
 - 1 misinterpretations
 - 1 inhibitions
 - 1 anxiety
- 4. 1 nature and nurture
- 5. 1 the self is like an ocean
- 6.
- 7. 1 no
- 8. 1 empathy
 - 1 education
 - 1 health
- 9. 1 yes
- 10.1 yes
- 11.1 no (this is apples and pears)
- 12.1 self-acceptance
 - 1 the capacity to be wuth and understand others

Coding for questionnaire by theoretical orientation
Cognitive behavioral 1

- 1. 1 yes
- 2. 1 no
- 3. 1 lack of psychological insight

- 1 distorted or unrealistic expectations
- 1 lack of religious and moral values
- 1 psychopathology
- 4. 1 motivation to be happy and free
- 1 having values beyond the physical and materialistic values
- 1 education and insight
- 1 good psychological adjustment
- 5. 1 potential
- 6. 1 calmer
- 1 more self-acceptance
- 7. 1 yes
- 1 when one is lost in the daily struggle to make a living
- 8. 1 having friends who are seekers and actualized
- 1 being in touch with institutions of higher values (religious, moral, ethical)
- 9. 1 must acquire
- 10. 1 yes
- 11. 1 no
- 12. 1 problems shift from the mundane
- 1 peacefulness
- 1 loss of sense of absolute
- 1 more accepting
- 1 more inquiring of what, where, when of life

Coding by questionnaire by theoretical orientation
Interpersonal 1

- 1. 1 yes
- 2. 1 although life circumstances may block the capacity
- 3. 1 unfulfilled lower level needs
- 1 crisis
- 1 medical/psychological problems which interfere with functioning
- 4. 1 satiation of basic needs
- 1 challenge
- 1 desire to move forward
- 5. 1 potential

- 6. 1 emotional/intellectual understanding of the problem
 - 1 the ability to use the insight for good
 - 1 improved relationships with others
 - 1 improved self-knowledge
 - 1 the desire to continue the quest
- 7. 1 it can be overwhelmed by other needs
- 8. 1 support
 - 1 experience respect and genuineness from the therapist
 - 1 direct confrontation
- 9. 1 requires insight
- 10.1 depends
- 11.1 no
- 12.1 emotional/intellectual understanding of the situation
 - 1 the ability to use the insight for good
 - 1 improved relationships with others
 - 1 improved self-knowledge
 - 1 the desire to continue the quest

Coding for questionnaire by theoretical orientation
Feminist

- 1. 1 yes
- 2. 1 no
- 3. 1 environmental constraints
 - 1 negative attitudes and beliefs
- 4. 1 environmental support
 - 1 belief in the self
- 5. 1 an innate drive
- 6. 1 optimism
 - 1 endurance
 - 1 tolerance of frustration
- 7. 1 yes
 - 1 depression
- 8. 1 same as overcoming depression
- 9. 1 both
- 10.1 yes
- 11.1 yes
- 12.no answer

The percent of agreement between coders per category is listed below:

Category Coding by Subject

1. 48%
2. 45%
3. 42%

4. 40%
5. 38%
6. 35%

7. 32%
8. 30%
9. 28%

Appendix D

10. 25%
11. 22%
12. 20%

13. 18%
14. 15%
15. 12%
16. 10%

Inter-coder Agreement Percentages

17. 10%
18. 8%
19. 5%

20. 3%
21. 2%
22. 1%

23. 0%
24. 0%
25. 0%

26. 0%
27. 0%
28. 0%

29. 0%
30. 0%
31. 0%

32. 0%
33. 0%
34. 0%

The percent of agreement between coders per category is noted below:

General Coding by Gender
Males

1. yes 96%
no 100%
other 60%
2. yes 100%
no 100%
other 100%
3. physical and psychological weaknesses 92%
environmental impediments 87%
4. physical and psychological strength 92%
environmental support 96%
5. potential 90%
substance 0%
spontaneous force 50%
other 0%
6. increased psychological strength 76%
improved functioning 48%
7. yes 100%
no 100%
other 100%
- physical and psychological factors 50%
environmental factors 86%
8. emotional support 95%
environmental support 53%
other 0%
9. naturally 66%
through insight 72%
other 50%
10. yes 92%
no 100%
other 71%
11. yes 100%
no 100%

other 100%

12. psychological changes 66%
 behavioral changes 56%
 other 100%

General Coding by Gender

Females

1. yes 100%
 no 100%
 other 100%
2. yes 100%
 no 100%
 other 100%
3. physical and psychological weaknesses 97%
 environmental impediments 92%
4. physical and psychological strength 83%
 environmental support 90%
5. potential 92%
 substance 100%
 spontaneous force 100%
 other 80%
6. increased psychological strength 82%
 improved functioning 77%
7. yes 100%
 no 100%
 other 100%
- physical and psychological factors 88%
 environmental factors 90%
8. emotional support 96%
 environmental support 78%
 other 0%
9. naturally 100%
 through insight 100%
 other 100%
10. yes 100%
 no 100%
 other 100%
11. yes 88%
 no 100%

- other 80%
12. psychological changes 71%
behavioral changes 60%

General Coding by Experience
0-10 years

1. yes 100%
no 100%
2. yes 100%
no 100%
3. physical and psychological weaknesses 85%
environmental impediments 71%
4. physical and psychological strength 94%
environmental support 94%
5. potential 75%
substance 100%
spontaneous force 0%
other 33%
6. increased psychological strength 68%
improved functioning 64%
7. yes 44%
no 100%
other 0%
- physical and psychological factors 57%
environmental factors 62%
8. emotional support 60%
environmental support 63%
9. naturally 100%
through insight 75%
other 88%
10. yes 80%
no 100%
other 50%
11. yes 100%
no 100%
other 100%
12. psychological changes 86%
behavioral changes 83%

General Coding by Experience
11-20 years

1. yes 100%
no 100%
2. yes 100%
no 100%
other 100%
3. physical and psychological weaknesses 97%
environmental impediments 96%
4. physical and psychological strength 80%
environmental support 96%
5. potential 87%
substance 0%
spontaneous force 40%
other 50%
6. increased psychological strength 86%
improved functioning 82%
7. yes 100%
no 100%
other 100%

physical and psychological factors 100%
environmental factors 100%
8. emotional support 71%
environmental support 85%
other 0%
9. naturally 100%
through insight 100%
other 100%
10. yes 100%
no 100%
other 100%
11. yes 92%
no 80%
other 83%
12. psychological changes 78%
behavioral changes 79%
other 0%

General Coding by Experience
over 20 years

1. yes 81%
no 100%
other 0%
2. yes 100%
no 100%
3. physical and psychological weaknesses 92%
environmental support 82%
4. physical and psychological strength 70%
environmental support 82%
5. potential 85%
substance 100%
spontaneous force 100%
other 0%
6. increased psychological strength 78%
improved functioning 62%
other 100%
7. yes 76%
no 100%
other 50%

physical and psychological factors 87%
environmental factors 90%
8. emotional support 92%
environmental support 62%
other 0%
9. naturally 81%
through insight 100%
other 33%
10. yes 100%
no 100%
other 100%
11. yes 100%
no 100%
other 100%
12. psychological changes 89%
behavioral changes 90%
other 100%

General Coding by Orientation
Humanistic and Client-Centered Combined

1. yes 100%
no 100%
2. no 100%
3. physical and psychological weaknesses 90%
environmental impediments 75%
4. physical and psychological strength 55%
environmental support 64%
5. potential 100%
substance 100%
spontaneous force 100%
other 0%
6. increased psychological strength 100%
improved functioning 100%
7. yes 100%
no 0%
other 50%

physical and psychological factors 66%
environmental factors 80%
8. emotional support 100%
environmental support 100%
other 0%
9. naturally 100%
through insight 100%
other 50%
10. yes 100%
no 100%
other 100%
11. yes 100%
no 100%
other 100%
12. psychological changes 83%
behavioral changes 85%

General Coding by Orientation
Rational-Emotive, Cognitive, Cognitive-Behavioral, and
Social Learning Combined

1. yes 100%

2. no 100%
3. physical and psychological weaknesses 90%
environmental impediments 66%
other 0%
4. physical and psychological strength 100%
environmental support 100%
5. potential 100%
substance 100%
spontaneous force 0%
other 66%
6. increased psychological strength 83%
other 100%
7. yes 100%
no 50%
other 75%
8. emotional support 100%
environmental support 100%
9. naturally 50%
through insight 100%
other 50%
10. yes 100%
no 100%
11. yes 100%
no 100%
other 100%
12. psychological changes 100%
behavioral changes 100%

General Coding by Orientation
Psychodynamic

1. yes 100%
no 100%
other 100%
2. yes 100%
no 100%
3. physical and psychological weaknesses 100%
environmental impediments 100%
4. physical and psychological strength 90%
environmental support 95%

5. potential 88%
substance 100%
spontaneous force 0%
other 20%
6. increased psychological strength 95%
improved functioning 80%
7. physical and psychological factors 80%
environmental factors 60%
8. emotional support 55%
environmental support 23%
other 0%
9. naturally 85%
through insight 100%
other 66%
10. yes 100%
no 100%
other 100%
11. yes 100%
no 100%
other 100%
12. psychological changes 100%
behavioral changes 100%

General Coding by Orientation
Eclectic

1. yes 100%
no 100%
other 100%
2. yes 100%
no 100%
other 100%
3. physical and psychological weaknesses 97%
environmental impediments 94%
4. physical and psychological strength 100%
environmental support 100%
5. potential 100%
substance 100%
spontaneous force 100%
other 100%
6. increased psychological strength 94%

- improved functioning 93%
- 7. yes 100%
no 100%
other 100%
- physical and psychological factors 77%
environmental factors 83%
- 8. emotional support 95%
environmental support 83%
other 0%
- 9. naturally 87%
through insight 88%
other 33%
- 10. yes 100%
no 100%
other 100%
- 11. yes 100%
no 100%
other 100%
- 12. psychological changes 83%
behavioral changes 80%
other 100%

General Coding by Orientation
Classical Psychoanalytic

- 1. yes 100%
no 100%
other 100%
- 2. yes 100%
no 100%
- 3. physical and psychological weaknesses 100%
environmental impediments 100%
- 4. physical and psychological strength 75%
environmental support 88%
- 5. potential 100%
substance 100%
spontaneous force 0%
other 50%
- 6. increased psychological strength 75%
improved functioning 66%

7. yes 100% support 50%
 no 100% emotional support 100%
 other 50%
 physical and psychological factors 100%
 environmental factors 100%
8. emotional support 100%
 environmental support 100%
9. naturally 100%
 through insight 75%
 other 66%
10. yes 100%
 no 100%
 other 100%
11. yes 75% insight 75%
 no 0%
 other 0%
12. psychological changes 100%
 behavioral changes 100%

General Coding by Orientation

Other (Combines Affective, Family Systems, Clinical Psychology, Interpersonal, and Feminist)

1. yes 100%
 no 100%
2. yes 0%
 no 83%
3. physical and psychological weaknesses 81%
 environmental impediments 71%
4. physical and psychological strength 90%
 environmental support 100%
 other 100%
5. potential 75%
 other 50%
6. increased psychological strength 88%
 improved functioning 83%
7. yes 100%
 no 100%
 other 100%
- physical and psychological factors 100%
 environmental factors 100%

8. emotional support 50%
environmental support 38%
other 50%
9. naturally 66%
through insight 33%
other 0%
10. yes 100%
no 100%
other 100%
11. yes 33%
no 100%
other 0%
12. psychological changes 83%
behavioral changes 88%