

ABRAHAM MASLOW AND THE HERITAGE OF FREUD AND ADLER

A. W. Orr

Saybrook University

San Francisco, CA
November 7, 2013

ABRAHAM MASLOW AND THE HERITAGE OF FREUD AND ADLER

In the United States Sigmund Freud is probably the first name people typically associate with the word psychoanalysis. They may also immediately associate the name when they think of psychiatrists. I suspect far fewer identify the name with psychology or psychologists. Indeed many psychologists probably do not immediately associate Freud with their profession. The underlying cause for all these statements is that Freud is intrinsically identified with treatment. Much of American psychology has been focused on other aspects of the human condition. Further even the part of psychology that focuses on treatment has generally used methodologies not directly related to Freudian principles. And the history of treatment in psychology is in many ways not connected with academic/scientific psychology. Yet psychology is deeply indebted to many of Freud's ideas.

Many of the concepts we associate with Freud were not original. In many ways his contribution was to take existing theories and ideals and put them to practical use. For instance Fancher and Rutherford (2012) relate that many before Freud has theorized about the unconscious but Freud was the first to take the idea of the unconscious and formalize it into a conceptual structure that could be the basis of treatment. In *The Interpretation of Dreams* (1965) Freud articulated a revolutionary idea that the remembered, manifest, content, in a dream is a representation of a hidden, latent, content. The concept was extended to conscious thought through Freud's technique of free association, a conscious equivalent of the manifest content in a dream, and the underlying unconscious meaning hidden from the patient (Fancher & Rutherford, 2012). The role of the analyst is to discern the latent content. Freud also identified the relationship between and analyst and the patient as a key element of the process. This concept

of the relationship as a crucial factor in therapy has been radically transformed and has many variations. However all can be traced back to Freud and his idea of transference.

The differences between manifest and latent content ultimately led to Freud's structural model of conflict between unconscious drives, the id, and conscious cultural and moral strictures, the superego. In between sits the referee, the ego. In yet another area Freud (1962) acknowledges the debt owed others in formulating his theories about human sexuality. Freud's interpretation of human sexuality, perhaps most especially the Oedipus Complex, is one of his concepts that immediately come to mind at the mention of his name. However he indicated that he felt the most important part of his thinking about human sexuality was the idea that human sexuality exists before puberty (Freud, 1962). This is still generally acknowledged while his psychosexual views about development are not.

These are among the most important contributions from Freud that still influence American psychology today. The idea of sexuality before puberty was probably the most truly revolutionary concept at the time and remains a key concept today. Freud's views on human sexuality also reflected his views of the psychological differences between male and female. Karen Horney was among the first to object to what today can only be termed rampant sexism (Fancher & Rutherford, 2012).

There is another area, rarely mentioned, where Freud's thinking, though typical of many, has had a harmful effect on psychology. Like most early practitioners Freud was a medical doctor. Doctors have patients, individuals with diseases. Doctors treat the individual's disease to eliminate it. Medical doctors, including psychiatrists, work with this basic model. "Your blood work shows and this caused it. So the treatment is..." Modern psychiatry has found an equivalent to blood work in neurological chemistry. Modern psychiatry has not found the

cause. As a consequence modern psychiatry tends to say the cause is genetic and pharmacotherapy is the appropriate treatment. This concept harks back to the attitudes and concepts that were inherent in the thinking of Freud and his confreres. Psychologists have generally accepted this without thought. However, as it pertains to emotional problems, problems of the mind, this misses the fundamental fact that individuals do not exist in isolation but as part of one and more groups. The causes of these problems can only be understood by examining them within the group context. Freudian analysis does look at explicit relationships between the patient and others but it does so as the relationships pertain to the patient. Again, Freud did not initiate this idea but he was a key figure in its acceptance. Of Freud's contemporaries one, Alfred Adler, viewed the individual as part of a social whole. Ultimately a careful consideration of the differences between Freud and Adler provided key elements in the formation of the humanistic psychology of Abraham Maslow.

As articulated by Edward Hoffman (1988), Abraham Maslow first commented on Freud in 1932. He objected to Freud's view, as he saw it, that the individual is wrong and must adjust to the environment whereas Maslow felt the environment should adjust to the individual. However soon afterward Maslow read Freud's *Interpretation of Dreams* and was immediately impressed. This led Maslow to Alfred Adler. Maslow immediately grasped that the essence of Freud was about unconscious sexual impulses being at the root of all human actions while Adler viewed striving for mastery and power as the primary human forces. Maslow's studies of primates were based on examining this dichotomy to determine which theory was correct. Is the urge to copulate more important than the urge to dominate? Consistently Maslow's observations of primates showed that while both are factors, dominance is more important.

In 1935 Maslow returned to New York from Madison, Wisconsin (Hoffmann, 1988). New York opened up vast opportunities for intellectual stimulation. Not only was New York inherently more open intellectually but also the rise to power of Adolf Hitler in Germany led many German artists and intellectuals to flee. New York became a focal point for these émigrés. Maslow was free to enhance his interest in Freud and Adler as well as be exposed to a broad variety of approaches that would have been anathema in Madison. In his observations of animals Maslow had observed that some fundamental drives could be satisfied in more numerous ways based on higher levels of development. A monkey's hunger could be satiated by a number of different foods while a rat's needs could be satisfied by far fewer. This view extrapolated to humans. Concurrently Maslow decided to take the concepts about sex and dominance in primates and see if they were also true in humans. Based on information he found in reading the work of G. V. Hamilton Maslow initiated his research on human sexuality. The results confirmed what he had found in primates and were published in 1942.

Throughout this period Maslow was exposed to a broad variety of ideas. Adler was in New York and Maslow grew close personally as well as hearing Adler lecture. Ultimately Maslow's thinking developed based on the results of his research as well as influences from many sources. In the end Alfred Adler was the most important source in Maslow's view of personality.

In 1943 Maslow published *A Theory of Human Motivation*. This is the first paper that articulates views we now routinely associate with him. He references fifteen authors, not a lot by today's standards, as well as a number of his earlier papers (Maslow, 1943). He tells us his theory derives mostly from clinical experience, draws on James and Dewey, incorporates the holism or Wertheimer, Goldstein, and Gestalt Psychology and the "dynamicism of Freud and

Adler.” (Maslow, 1943, p. 2). He specifically cites Adler’s *Social Interest*, Freud’s *New Introductory Lectures on Psychoanalysis*, and Freud’s *The Ego and the Mechanisms of Defense*. Adler is cited for the ways infants needs are simpler than adults. He is also cited for his emphasis on the need for esteem, which Maslow says Freud neglects. He also criticizes Freud for treating ‘motivated’ and ‘determined’ as synonyms. He cites Freud when he discusses the fact that humans both need to receive as well as give physical love. Overall reading the paper we can say that Freud had some influence on Maslow’s thinking but without the thinking and influence of Adler it is doubtful this paper would have been written. Adler was a far greater influence on Abraham Maslow than was Freud.

Yet Freud is still important. Fancher and Rutherford (2012) refer to many opinions about Freud. Adler, Carl Jung, and Karen Horney all maintained Freud placed far too much emphasis on sex. Karl Rogers felt he was too omniscient. Many objected to various aspects for Freud’s thinking but used their objections as a basis for new formulations. One group took Freud’s views of instincts between mother and child and transformed it into a worldview of object relations. Behavioral therapy rejected Freud’s concept of conflicts and focused in single instincts. While the psychosocial theory of human development rejected Freud’s psychosexual view it was built on it. Last, as we have seen, while Adler ultimately influenced Maslow more than Freud, it was founded on experiments that compared the two approaches.

There still remain a few ideas articulated by Freud about still are important in psychology. Humans have a primitive sexuality before puberty. Humans have a great deal of unconscious knowledge that has a great deal of influence on their conscious thoughts and behavior. A key factor in therapy is the relationship between the therapist and the person in therapy.

However Freud's psychosexual model of human development is generally discounted and his sexism has hopefully been erased. His physician's approach and the concept of a medical model of disease and treatment for individual patients remain a potent force in both psychiatry and psychology in the United States. Freud did not originate this but he certainly propagated it. Recently serious questions have been raised the validity of this medical model. Possibly it was not questioned for many years as unlike Freud's views on human sexuality it was implicit not explicit. And I would say the medical model is the most damaging legacy inherited from Freud.

In sum, Freud left us the concept of human sexuality before puberty, the concept that unconscious forces influence our conscious actions, and the importance of the relationship between therapist and person in therapy. His psychosexual model and especially his sexism are no longer in vogue. Hopefully the medical model will become as obsolete as his sexism. It is a mixed legacy but Freud remains a crucial element in our knowledge and understanding of human beings.

References

- Fancher, R. E., & Rutherford, A. (2012). *Pioneers of psychology a history fourth edition*. New York, NY: W. W. Norton.
- Freud, S. (1962). *Three essays on the theory of sexuality* (J. Strachey, Ed. & Trans.). New York, NY: Basic Books.
- Freud, S. (1965). *The interpretation of dreams* (J. Strachey, Ed. & Trans.). New York, NY: Avon Books.
- Hoffman, E. (1988). *The right to be human: A biography of Abraham Maslow*. Los Angeles, CA: Jeremy P. Tarcher, Inc..
- Maslow, A. H. (1943). A Theory of Human Motivation. *Psychological Review*, 50, 370-396.
Retrieved from <http://psychclassics.yorku.ca/Maslow/motivation.htm>