The Notion of Basic Needs Add as second author, "With Rebecca Noble"

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Abstract

We no comment describe Maslow's hierarchy of basic needs and the importance of basic needs satisfaction and how lack of provision leads to stress. When basic needs are not provided, it creates a situation of stress, leading to poorer health outcomes. We no comment discuss the outline of the book where we discuss two new comprehensive measures of basic needs. In Chapter 2, we describe the creation and validation of a comprehensive measure of basic needs. In Chapter 3, we examine the evolutionary inheritances of basic needs as they pertain to the evolved nest, discuss and test a retrospective measure of basic needs in childhood and contrast it with the evolved developmental niche (EDN) history measure. In Chapter 4, we examine the relation of basic needs to moral functioning. In Chapter 5, we examine other models of basic needs and draw some conclusions.

Keywords

Maslow
Basic needs
Health
Stress
SES

In this chapter, we no comment lay out Abraham Maslow's hierarchy of basic needs (later expanded upon in Chapters 3 and 5). We change "we" to "I" follow this by providing empirical findings that show the importance of basic needs fulfillment in adulthood.

Maslow's Hierarchy of Basic Needs

All organisms have needs. Typically, animals whose basic physiological needs (e.g., food, water) are not met for any length of time do not survive. In mid-twentieth century, among researchers, the idea of basic needs expanded to more areas in life beyond the physical. Mammals whose physiological needs are met but not higher order needs (love, affection), move comma to after "suffer" also suffer as Harry Harlow (1958) demonstrated in experiments with mother-deprived monkeys.

AQ1

The notion of basic needs entered broadly into psychological research discourse with humanistic psychologist, Abraham Maslow. He challenged the paradigms of both dominant theories of the time, psychoanalysis, and behaviorism. In his text, *Motivation and Personality* (1970), discontented with psychoanalysis' emphasis on psychopathology, he promoted health and wellbeing:

The motivational life of neurotic sufferers should, even in principle, be rejected as a paradigm for healthy motivation. Health is not simply the absence of disease or even the opposite of it. Any theory of motivation that is worthy of attention must deal with the highest capacities of the healthy and strong man as well as with the defensive maneuvers of crippled spirits. (Maslow, 1970, p. 33)

AQ2

He also sought to shift the discussion of human motivation from the behaviorist focus on drives to needs—from "pushes" (drives) to "pulls" (needs). The study of rats, which were (and are) the typical animal tested in psychological experiments, oriented researchers to physiological needs since rats are highly oriented to eating, what researchers called an instinctual drive. But, according to Maslow, the more sophisticated goals of humans do not fit the notion of drives (e.g., desire for love, or for self-actualization). Nor is a healthy person neurotic as Freud (1933) postulated was the normal human condition.

In contrast Add to the end of the paragraph:
What is the expected and best aim for development? to psychoanalysis, Maslow argued for a normative biology, saying that "The healthy organism itself gives clear and loud signals about what it, the organism, prefers or chooses, or considers to be desirable states of affairs. It is too big a jump to call these "values"? Biologically intrinsic values? Instinct-like values?" (Maslow, 1971, p. 12). Maslow pointed out that facts and values, which some scholars are concerned to keep separate, are fused in terms like "mature, evolved, developed, stunted, crippled, fully functioning, graceful, awkward, clumsy" (ibid., p. 30). As others have pointed out (e.g., Lapsley, 2006), the notion of development itself necessarily involves normative claims.

Maslow could not find scientific research that revealed the characteristics of healthy adults, so he turned to literature, autobiography and the study of acquaintances. He discovered layers of needs that he presented in a hierarchical manner. Maslow warned against setting up a specific list of drives or needs for several reasons: (1) they imply an equality of needs whereas in reality, the potency of one need will vary in importance and in relation to others; (2) drives are not isolated from one another—they are not mutually exclusive; and (3) an expressed, measurable desire may be a means to satisfy other drives. As a result, an individual's motivated behavior and specific goals are not a good way to classify drives for the prior reasons put this at the beginning of the sentence after "As a result," . Instead, Maslow states: "If only by the process of logical exclusion alone we are finally left with the largely unconscious fundamental goals or needs as the only sound foundations for classification in motivation theory" (Maslow, 1970, p. 27).

Maslow divided basic needs or values into several categories: physiological, safety, belonging and love, esteem, and self-actualization.[1] His categories were loose and fuzzy, with many definitions vague or preliminary. He noted that there was little information on some of these needs in scientific circles, requiring a review of literature and autobiography for source material.

Physiological Needs

He discussed homeostasis and how it involves so many systems that there is no purpose in trying to make a list of physiological needs. And he said that in normal society you are not really going to see physiological needs unmet.

Safety Needs

Safety needs include: "security; stability; dependency; protection; freedom from fear, from anxiety and

chaos; need for structure, order, law, limits; strength in the protector; and so on" (Maslow, 1970, p. 39).

Belongingness and Love Needs

Maslow argues that once physiological and safety needs are met, needs for affectionate relationships will be felt keenly and be a primary goal. Stating that there is little scientific evidence, he relied on fiction, autobiographies, and sociological literature to note the destructive effects of uprootedness on all ages, but especially the young. "Practically all theorists of psychopathology have stressed thwarting of the love needs as basic in the picture of maladjustment" (Maslow, 1970, p. 44). Love needs are relational, the giving and receiving of affection.

Esteem Needs

Esteem needs refer to self-respect and self-esteem and the esteem of others. The first aspect is a desire for competence, for mastery. The other aspect is a desire for prestige, dignity, or appreciation. Satisfaction of esteem needs leads to self-confidence and feeling necessary in the world, as opposed to feelings of helplessness, inferiority, and discouragement.

Self-Actualization Needs

Self-actualization needs refer to the fulfillment of one's own nature. "A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What a man *can* be, he *must* be. He must be true to his own nature" (Maslow, 1970, p. 46). We discuss the details of Maslow's view of self-actualization in fuller detail in Chapter 5 .

Empirical psychological science has created measures that address many of the basic needs that Maslow identified, and researchers have noted the effects of their fulfillment on health and wellbeing. We describe this research in Chapter 2 . In the rest of this introduction, we note some findings regarding stress and health. When basic needs are not met, it is stressful to that organism and can have long-term effects.

In the studies, described in the chapters ahead, we use Susan Fiske's (2004) BUCET list (belonging, understanding, control, self-enhancement, trust) as a model for basic needs assessment because many measures fit into its framework. The BUCET model takes for granted physiological needs. Maslow's categories are otherwise spread throughout. The BUCET list represents social motives, aimed at helping one fit better into groups, motives that revolve around the first one, belonging, the most fundamental. Two motives are more cognitive—understanding being largely reflective and control being largely action-based—and two motives are more affective—self-enhancement focusing on the self whereas trust focusing on others.

Belonging

Subjective wellbeing is linked to having close social ties (Baumeister, 1991). Poor health is predicted by problems in close relationships (Stansfeld, Bosma, Hemingway, & Marmot, 1998). Maslow's love needs would fit in here as well as his belonging needs.

Understanding

People need to make meaning from experience. Lack of information leads to a process of finding explanations and causes (Kelley, 1967). Sharing theories of explanation with others lead to shared social

understandings (social representations, Moscovici, 1988) or group meaning (Zajonc & Adelmann, 1987). Social support that enhances health must provide a sense of belonging and help people feel more in control, as though building competence and self-efficacy (Berkman, 1995).

Control

Competence, or control, fits into Maslow's esteem needs. Robert White (1959) described effectance as a need for social competence or control (Fiske, 2004), which is apparent from early life when young children express themselves and expect a response. When control is lacking, individuals seek information to restore a sense of control, becoming more sensitive to social information (Gleicher & Weary, 1995; Pittman, 1998; Pittman & Pittman, 1980).

Self-Enhancement

Feeling good about oneself facilitates cooperation with others and within a group. Low self-esteem represents anticipated rejection by important social others (Leary, Schreindorfer, & Haupt, 1995). Those who feel socially excluded are more likely to engage in socially and self-destructive behavior like aggression or substance abuse (Fiske, 2004). Self-enhancement can be about putting others first and improving the self or it can be about putting oneself first and keeping a positive view of the self (Fiske, 2004). Enhancement combines Maslow's esteem and, to a degree, self-actualization needs.

Trust

Trust represents "confidence or faith that some other, upon whom must depend, will not act in ways that occasion us painful consequences" (Boon, 1995, p. 656). Maslow would fit this into safety needs. Trust is particularly relevant for young children, who are building their sense of trust in the world that goes all the way down to their neurobiological functioning. As a form of social intelligence (Yamagishi, 2002), trust building is especially important in the first year of life (Erikson, 1950). People who are trusting are more socially successful, less suspicious, resentful or lonely (Gurtman, 1992; Murray & Holmes, 1993; Rotenberg, 1994; Rotter, 1980). Susan Fiske has found that trusting people go with the flow put quotes around this phrase: "go with the flow" (Morling & Fiske, 1999).

The BUCET model represents the basic needs that human beings require to function well. More and more research studies are showing that when basic needs are not fulfilled, problems ensue. We discuss those problems throughout the book. Basic needs unmet results in stress and impaired capacities.

Effects of Missing Basic Needs

An increasing number of studies are showing the links between stress and ill health. For example, each of the identified basic needs is correlated with physical and mental health, which we discuss in Chapter 2 . But often the focus in health communities is on socioeconomic status (SES) as a primary factor in health outcomes. SES and chronic stress each reflect a lack of basic needs provision. We examine both areas of research next.

Health and Socioeconomic Status

A great deal of focus among researchers of wellbeing concerns economic wealth. A plethora of studies examine the effects of socioeconomic status on child and adult outcomes. For example, previous research has

revealed a graded association between SES and health (most notably, the Whitehall study examining mortality in England; Marmot, Shipley, & Rose, 1984). Adults with lower SES have been shown to have higher risk for cardiovascular disease, diabetes, metabolic syndrome, arthritis, tuberculosis, gastrointestinal disease, and adverse birth outcomes (Adler & Ostrove, 1999) as well as higher rates of both major depression and general depressive symptoms (Adler et al., 1994). In a longitudinal sample, recent evidence points to environmental exposures (both physical and psychosocial) that elevate stress levels (Adler & Snibbe, 2003; Evans & Kim, 2012 ; Siegrist & Marmot, 2004). Basic psychosocial needs are included in such psychosocial environmental stressors. For example, environments that undermine personal control have been associated with chronic stress, which is in turn related to increased risk for the development of diseases like congenital heart disease (Siegrist & Marmot, 2004). One longitudinal study (Kiviruusu, Hurre, Haukkala, & Aro, 2013) found that differences in health along the SES gradient over time increased only when accompanied by a decrease in psychological resources, revealing the important role of psychosocial factors within the context of the SES health gradient. Some studies even suggest that psychosocial resources could be predictors of health on their own (Matthews, Gallo, & Taylor, 2010).

AQ4

Adler et al. (1994) proposed that this relationship could be explained by an influence of SES on biological functions, which in turn impact health. Evans (2017) found that poverty in childhood (assessed at age 9) was related to adult (age 24) externalizing, helplessness during a cognitive task, and impaired short-term spatial memory. His team has found an increased allostatic load in his impoverished longitudinal sample (Caucasians from upstate New York).

Chronic Stress

The findings on poverty's ill effects align with the notion that chronic stress undermines healthy development in multiple areas. Indeed, several decades of research have demonstrated that chronic stress responses (e.g., elevated and poorly regulated cortisol) cause many ill health effects (e.g., Chrousos & Gold, 1992). The immune system is a homeostatic system[2] that is well integrated with the stress response, mobilizing against infection from invaders, or warning of imbalance in the body's microbiome. When "fight-or-flight" is activated by the stress response system, the immune system increases the number and motility of white blood cells (leukocytes) in the bloodstream (Coe, 2002). The immune system interacts with the endocrine and autonomic nervous systems. If the stress response becomes chronic, the size of the thymus and lymph nodes decrease over time, leaving one more and more vulnerable to illness. The thymus is a relay system for sensory perception and cognitive response and so its shrinkage affects intelligence.

As a result of the interrelation between immune and stress responses, the immune system is implicated in several disorders, including autoimmune disorders (e.g., fibromyalgia, chronic fatigue syndrome, rheumatoid arthritis; Stojanovich & Marisavljevich, 2008). Stressful environments increase bacterial and respiratory infections and decrease wound healing (Boyce et al., 1977; Gouin & Kiecolt-Glaser, 2011; Meyer & Haggerty, 1962). For example, among college students, exam weeks take a toll, affecting the immune system for two weeks or longer (Glaser et al., 1990; Kang et al., 1997). Induction of a sad mood increases the likelihood of getting a cold after exposure to a virus (Cohen, Tyrrell, & Smith, 1991). In adults, social stress contributes to coronary heart disease (Shively, Register, & Clarksen, 2009) and social stress is linked to osteoporosis in older women (Lee et al., 2017), due to glucocorticoid inhibition of "anabolic housekeeping" that replaces old calcium with new in bones (Sapolsky, 2004). In humans, short-term stressors stimulate growth hormone whereas sustained stressors inhibit it (growth hormone effects take hours—to shut down or start up).

General life events such as unemployment, environmental disasters, and divorce cause immune alterations (Herbert & Cohen, 1993; Ironson et al., 1997). The ability of the immune system to mobilize, form antibodies, and attack malformed cells is compromised by such stressful negative experiences (Kiecolt-Glaser et al., 1987). Levels of activity of natural killer (NK) cells and the severity of disease load are correlated with an individual's sociality and ability to express emotions (Levy, Herberman, Maluish, Schlien, & Lippman, 1985; Temoshok & Fox, 1984), which may explain why social support directly benefits cancer patients (Spiegel, 1992). Sadness inhibits cellular activity such as lymphocyte proliferation (Bartrop, Luckhurst, Lazarus, Kiloh & Penny, 1977) and NK cell activity (Irwin, Daniels, Smith, Bloom, & Weiner, 1987). Thus, a general assessment of basic needs satisfaction may be an informative predictor of mental and physical health, above and beyond SES.

Chronic stress harms health and it is our contention that basic needs unfulfillment brings about stress. We will also examine in Chapter 3 how stress in early life is particularly harmful and how it is brought about by a lack of needs fulfillment during that time period.

Introduction to the Rest of the Book

At the time of our research, no comprehensive measure of basic needs existed so we developed two new measures that are discussed in several chapters in this book, the Basic Needs Satisfaction Survey and the Basic Needs History measure.

In Chapter 2 , we discuss the components of measurable basic needs several researchers have identified. In a review of social psychological research, Susan Fiske (2004) identified a BUCET list of basic needs which includes Belonging, Understanding, Competence, self-Enhancement and Trust. Based on research with WEIRD samples (Western, Euro, Industrialized, Rich, Democratic; Henrich, Heine, & Norenzayan, 2010), the BUCET list does not address Maslow's (1970) physiological or safety needs. But all the BUCET list basic needs have been correlated with positive outcomes and there is a plethora of measures that test one or a few basic needs. At the start of this project, no measure comprehensively measured the BUCET list, so in Chapter 2 , we describe the research we conducted with a comprehensive measure of the eight aforementioned basic needs. The comprehensive measure was useful in examining the power of a comprehensive measure in predicting physical and mental health.

In Chapter 3 , we expand the horizon a bit. Most of the time, researchers do not attend to our evolutionary heritages. Although Maslow noted some evolutionary features of human needs in his writing, he did not have a comprehensive view of human evolutionary basic needs. In Chapter 3 , we discuss the notion of basic needs more broadly, bringing in evolutionary arguments. We describe the larger evolutionary grounding of intensive basic needs in early life, needs provisioned by the evolved developmental niche (EDN). The EDN is a set of specific caregiver practices that foster a healthy psychosocialneurobiology, influencing wellbeing for the long term. The EDN for young children includes at least the following: infant-initiated breastfeeding for several years, nearly constant affectionate touch early, responsiveness to needs so the young child does not get distressed, self-directed playful companionship with multi-aged playmates, multiple adult caregivers, positive social support, and soothing perinatal experiences. Research has shown that each of these features fosters human health and wellbeing.

Could basic needs support in early life predict positive outcomes? And does a retrospective history measure differ in its predictive validity from contemporary basic needs satisfaction? In Chapter 3 , we report on our examination of the relation of early experience to basic needs fulfillment, starting with a measure of EDN

history and followed by a report on the development of a retrospective measure on basic needs satisfaction in childhood.

In Chapter 4 , we discuss the nature of morality, emphasizing its postnatal shaping based on early experience and the fulfillment (or not) of basic needs (the EDN). Triune ethics meta-theory considers both the early shaping of brain and body systems and provides an account of how human inherited moral capacities, such as compassionate morality, is facilitated by or thwarted by early experience (or later trauma). With species-typical support in early life, through provision of the EDN (e.g., soothing perinatal experience, positive support from multiple responsive caregivers, extensive breastfeeding and affectionate touch), the neurobiological substructures of human cooperation are shaped (e.g., oxytocin system, stress response system). Poor early experience represents toxic stress to a developing system leading to an enhancement of survival systems at the expense of capacities for human cooperation. We then discuss our empirical work relating basic needs fulfillment to morality where we find expected correlations—that the more that individuals report basic needs satisfaction, the greater their orientation to, capacities for and actions toward cooperative, compassionate morality. We report on how scores on basic needs satisfaction add to measures of childhood experience in predicting relational and self-protective moral behavior in hierarchical regressions.

In Chapter 5 , we further discuss human potential. We examine Maslow's notion of self-actualization and compare it with that of humanity's ancestral environment. We also describe other approaches to fulfilling human potential, including child honoring and the human capabilities approach. We end the chapter by suggesting a greater emphasis on promoting wellbeing in early life, including offering a preliminary baby bill of rights.

We end the book with an epilogue about what needs next to be done. The intergenerational cycle of denying basic needs fulfillment to children must be reversed for the benefit of society and the wellbeing of the planet.

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[1] Abraham Maslow was the first of Western psychologists to emphasize the importance of meeting basic needs and laid out a list of components. He argued for a hierarchical set of needs—that the lower needs needed to be satisfied before the higher needs could be sought. The evidence against this notion is widespread anecdotally. People who are hungry and without shelter (physiological needs) will love and protect a dog (love needs); concentration camp prisoners will give their meager rations (physiological needs) to others more in need (self-actualization). So, the hierarchy idea is questionable from those stories. Some studies question the hierarchical aspect of the theory whereas others find it useful (e.g., Duncan & Blugis, 2011; Noltemeyer, Bush, Patton, & Bergen, 2012; Wahba & Bridwell, 1976).

AQ3

[2] The immune system hails back to the first multicellular animals who made a distinction between self and other, engulfing the foreigner or moving it out (Beck & Habicht, 1996). With the evolution of fish came the antibody (lymphocyte excreting protein to adhere to foreigner) (Litman, 1996).