

# THE COMPATIBILITY OF ANXIETY AND ACTUALIZATION<sup>1</sup>

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## PROBLEM

Traditional theories of personality view the healthy individual as anxiety-free. Some recent experimental research also seems to point in that direction. Rollins<sup>(10)</sup> found a negative correlation between the level of actualization and that of anxiety, and these results later were corroborated by Sedekel<sup>(11)</sup>. On the other hand, a number of more recent theories consider the possible positive aspect of anxiety for psychological growth. Assagioli<sup>(1)</sup> warns us not to be surprised that significant changes in a person are marked by several critical stages that often are accompanied by various nervous, emotional and mental disorders. Dabrowski<sup>(3)</sup> (*cf.* also de Grâce<sup>(4)</sup>), in his theory of Positive Disintegration, refuses to consider neurosis as an illness. He goes so far as to affirm its necessity for deep and accelerated development, and even for creativity. According to this view, neuroses express a conflict between an individual and the external world or between two values in the same individual, as well as a tendency to adjust to what could be rather than to what is. They thus constitute positive maladjustments. Neurotic episodes, while they disintegrate lower levels of emotion, help the individual to progress toward higher emotional levels. Deviance from the norm and the development of identity often are associated, in exceptional individuals, with neurosis and even psychosis<sup>(7)</sup>. The neurotic expressions of these individuals during adolescence seem to be correlated with their future grandeur and historical role. In opposition to the theory of homeostasis, Frankl<sup>(8)</sup> does not view tension as something to be avoided at all costs. A healthy degree of tension, such as that which results from the will to give meaning to one's life, is inherent to human nature and essential to true psychological health. Therefore it would be wrong to interpret existential vacuum as a pathological phenomenon. May<sup>(9)</sup> defines anxiety as a reaction to the threat of values associated with existence as a self. Normal anxiety is that which is in proportion to the threat and which can be confronted in a positive way at the conscious level. It is an integral part of the individual's development: all development implies a departure from former values in order to incorporate broader and deeper values. Finally, Shostrom<sup>(12)</sup> sees the possibility to develop in a positive way as a result of accepting to live each experience of preoccupation, impotence, fear, pain, suffering or frustration as fully as possible.

Contrary to the more traditional theories and to the reported evidence, and more in keeping with these other theories that stress the positive aspect of psychological disequilibrium for personal development, we hypothesize that anxiety is compatible with a high level of actualization. Therefore, there should be no significant difference in terms of level of anxiety between a group of actualized (EG) and another group of nonactualized (CG) Ss.

## METHOD

*Subjects and Procedure.* The population consisted of 90 mostly middle-class male forestry majors at a Quebec junior college. Sex was controlled, as differences between male and female Ss have been found on the test of actualization used<sup>(12, p. 8)</sup>. The mean age for the population was 20.7 years. The test of actualization was administered collectively during regular class periods. Two samples then were formed, an experimental group of actualized Ss (N = 18) whose mean age was 21.2 years, and a control group of nonactualized Ss (N = 12) with 21.2 years as mean age. Two weeks later, both groups were asked to complete the anxiety test during a common free period. The 4 Ss who failed to present themselves at the latter session were individually administered the anxiety test within the same week.

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*Instruments.* The Personal Orientation Inventory<sup>(12)</sup> was used to determine the level of actualization. As the author states that the two basic scales, Inner-directed support (I) and Time Competence (Tc), are sufficient to determine the level of actualization<sup>(12, p. 7)</sup>, the present study considered only these two scores. The I scale is designed to measure whether an individual's mode of reaction is characteristically self-oriented, *i.e.*, determined by internal principles and motives or other-oriented, *i.e.*, influenced by the peer group or other external factors. The Tc scale measures the degree to which the individual lives with full awareness in the now as opposed to the past or future.

Group-differentiating criteria were a percentile score of 73 or more for the actualized group on both I and Tc scales and 27 or less for the nonactualized group. In terms of raw scores, 80 or more on I with 17 or more on Tc were differentiating for the EG, and 69 or less on I with 13 or less on Tc for CG.

Anxiety was measured by the IPAT Anxiety Scale (French Version)<sup>(2)</sup>, which yields a total anxiety score that is the joint product of the following factors of personality functioning: weakness of self-concept, weakness of the ego, paranoid tendency, disposition to guilt, and nervous tension. The total anxiety score, which represents both latent and manifest anxiety, is considered relatively high when corresponding to a standard score above 7 (raw score: above 37) and relatively low when corresponding to a standard score of 3 or less (raw score: 14 or less). A standard score from 4 to 7 (raw scores: 15 to 37) is interpreted as neurotic with mild anxiety level.

#### RESULTS AND DISCUSSION

The level of significance accepted was .01, and a *t* test of significant differences was used. The mean scores (raw) on the I and Tc scales of the Personal Orientation Inventory were, respectively, 88 and 18.4 for the EG, and 66.5 and 11.4 for the CG. As shown in Table 1, these groups are significantly different in terms of actualization. On the other hand, they are not shown to differ significantly on the level of anxiety as measured by the IPAT Anxiety Scale: the mean total anxiety score (raw) was 24.22 for the EG and 29.33 for CG. The latter results thus confirm the original hypothesis. Both the actualized and nonactualized Ss fall within the category of neurosis with mild anxiety level.

TABLE 1. MEANS (RAW SCORES), STANDARD DEVIATIONS AND *t*-VALUES FOR THE EG AND CG ON THE PERSONAL ORIENTATION INVENTORY AND THE IPAT ANXIETY SCALE

Instrument	EG		CG		<i>t</i>
	M (N = 18)	SD	M (N = 12)	SD	
Personal Orientation Inventory:					
I	88	6.44	66.5	2.75	10.3*
Tc	18.4	0.82	11.4	1.75	14.28*
IPAT Anxiety Scale	24.22	10.9	29.33	13.88	1.12

\**p* < .01

The fact that the actualized group is not more anxiety-free than the non-actualized one is in contradiction to the concept of health as presented in traditional theories of personality development. Our results also are in disagreement with those obtained by the experimental studies of Rollins<sup>(10)</sup> and Sedekel<sup>(11)</sup> who used the same instruments (although different populations) and found a negative correlation between anxiety and actualization. The more actualized were their Ss, the lower was their anxiety level. The present research seems to lend some support to certain more recent theories that consider the possible positive role of anxiety for personality growth.

After consideration of this new trend in psychological thinking and our own clinical observation, we have been led to propose a new definition of the concepts

of health and disease in relationship to disequilibrium<sup>(6, 6)</sup>. Until recently, psychological health has been defined as a state of equilibrium and psychological disease as a state of disequilibrium. Disequilibrium and equilibrium, according to this definition, are mutually exclusive, as opposite poles of the same continuum. In our proposed definition, health would be the capacity to alternate with flexibility between psychological equilibrium and disequilibrium, while disease would signify stability, either in states of psychological equilibrium (except if this particular state of equilibrium were the ultimate level of development attainable by man) or disequilibrium. In modifying the former concepts, health acquires a dynamic character, while disease becomes static. An individual who would be considered healthy would never cease to develop, the wheel of growth passing by the point of disequilibrium as well as by the point of equilibrium; while one who is fixated at one or the other of these points, and unable to transcend it to reach also the opposite state, would be considered sick.

Although the evidence gained in the present research is rather weak, it nevertheless points to the possible validity of those relatively new theories that stress the compatibility of anxiety and actualization, and anxiety as a source of actualization. It certainly questions the experimental research done to date that concludes that actualized persons are free from anxiety. Some suggestions for further research on the same problem can be made. It seems preferable to obtain one's sample from the general population or at least from a population that represents more adequately the general population than do forestry majors. Also, a larger sample certainly would be more desirable. Tests that measure psychopathological factors other than anxiety could be included. Finally, much experimental research also is needed to clarify a related problem, that of the possible contribution of anxiety and other psychopathological factors to creativity.

#### SUMMARY

While traditional personality theories view anxiety and actualization as mutually exclusive, some more recent ones consider the possible positive role of anxiety in actualization. In line with this latter orientation and in spite of some divergent evidence, it was hypothesized that there would be no significant difference in terms of level of anxiety between a group of actualized (EG) and another group of nonactualized (CG) Ss. The Ss, 18 for the EG and 12 for the CG, were selected among male forestry majors in a junior college by means of the Personal Orientation Inventory. The Ss subsequently were administered the IPAT Anxiety Scale. The results, which confirm the hypothesis, are discussed in relation to existing theories and experimental data.

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