

ANXIETY AND ACTUALIZATION: A RECONCEPTUALIZATION

WILLIAM E. WILKINS¹, LARRY A. HJELLE AND MICHAEL THOMPSON

State University of New York, College at Brockport

In line with Dabrowski's theory of Positive Disintegration, deGrace recently reported no significant difference in terms of anxiety level between groups of actualized and nonactualized Ss. Several methodological and theoretical flaws noted in the deGrace study led the present authors to hypothesize that actualized Ss would score significantly lower than nonactualized Ss on separate but conceptually related measures of manifest or neurotic anxiety. Ss (83 females and 42 males) were administered the Personal Orientation Inventory, the IPAT Anxiety Scale, and the Taylor Manifest Anxiety Scale. The results, which substantiate the hypothesis that levels of actualization and anxiety are correlated negatively, are discussed in relation to the conceptual distinction between debilitating and facilitating anxiety and their respective effects on psychological growth.

Working within the framework of Dabrowski's (1972) theory of Positive Disintegration, deGrace (1974a, 1974b) contends that psychological health and anxiety are compatible. deGrace (1974b) presents empirical data that suggest that high self-actualizing male college students are as high in manifest anxiety as their low self-actualizing peers. This, he argues, is contrary to traditional theories of personality and the unpublished experimental work of Rollins (1971) and Sedekel (1971).

At first glance, deGrace's finding is surprising and of theoretical significance. However, on closer inspection several substantive questions can be raised about his experimental procedures and theoretical arguments. One of the key methodological flaws concerns deGrace's statement that "Our results also are in disagreement with those obtained by the experimental studies of Rollins and Sedekel who used the same instruments (although different populations) and found a negative correlation between anxiety and actualization . . . [1974, pp. 566-568]." Regrettably, deGrace did not report a correlation between his measures of manifest anxiety and self-actualization. The fact that there was no significant difference in anxiety between the high and low actualization groups as measured by *t*-test says nothing about the correlation between the two variables. Careful inspection of the means and standard deviations presented by deGrace suggests the possibility of a negative correlation between the two variables. Unfortunately, sufficient data were not presented to enable a computation of the correlation coefficient. In any event, a straightforward presentation of a coefficient would have been preferable to the conclusions based on the differences between the means.

A more critical problem concerns deGrace's formulation of the issue. While these writers agree that there is a need to clarify or possibly redefine the concept of mental health, we find several conceptual difficulties in the deGrace position. The question is not whether the mentally healthy person is free from tensions (i.e., anxiety), but rather the different kinds of anxieties and tensions and their relationship to the fostering of mental health. deGrace, among others, misrepresents theoretical perspectives on anxiety. Further, deGrace's (1974a) interpretation of the relevance of Erikson to the positive disintegration theory of Dabrowski is confusing. Rather than the two-fold perspective offered by deGrace:

1. Traditional theories of personality have not emphasized the positive aspects of anxiety.

¹Reprint requests should be addressed to the first author at the University of Houston at Clear Lake City, 2700 Bay Area Blvd., Houston, Texas 77058.

2. Dabrowski's theory of positive disintegration is different from traditional theories of personality (with reference to anxiety) and can be supported by the theories of several contemporary theorists.

These writers see three distinct views with regard to anxiety and mental health:

1. Traditional theories of personality have stressed the positive aspects of anxiety.
2. Dabrowski's theory (à la deGrace) is different from traditional theories of personality (with reference to anxiety), but cannot be supported by those theorists cited by deGrace.
3. Theoretical perspectives on anxiety that emanate from traditional theories and the majority of current theories are conceptually preferable to the position of deGrace.

Contrary to deGrace's statement, traditional theories of personality have not viewed the healthy individual as anxiety-free. None of the traditional or current theories known to these writers equates mental health with being anxiety-free. Freud (1917) differentiates between realistic anxiety and neurotic anxiety; Erikson (1950) echoes Freud in his discussion of fear vs. anxiety; Kierkegaard (1844) discusses original and later anxiety; May (1950) distinguishes normal anxiety from neurotic anxiety; Maslow (1968) describes the pleasurable tension involved in self-actualization; Alpert and Haber differentiate between facilitating and debilitating anxiety; and recently Spielberger (1966) presented a conceptual distinction between trait anxiety and state anxiety. In short, the issue turns on the kinds of tensions and anxieties that the actualized person had and not whether he is anxiety free. All of these theories view certain anxieties as compatible with and essential to the healthy personality.

On the other hand, we are not convinced that these theorists support the position taken by Dabrowski and deGrace. The issue here turns on the term neurosis. Both deGrace and Dabrowski "refuse to consider neurosis as an illness [deGrace, 1974, p. 566]." The problem to be resolved is whether Dabrowski's view of the positive aspects of neurosis is the same as Erikson's concept of fear or May's concept of normal anxiety, etc. Succinctly stated, is neurosis neurosis and normal normal or, as deGrace argues, is any kind of psychological disequilibrium neurotic? It seems preferable to these writers to keep the conceptual distinction between types of disequilibrium rather than to use neurosis in the indiscriminating manner proposed by Dabrowski and deGrace. The secondary question of the positive aspects of overcoming neurotic episodes is distinct from the positive attributes of certain psychological tensions.

The present study was designed to accomplish two tasks: first, to begin to unscramble the conceptual pieces of theoretical positions of anxiety, and, second, to present data on the relationship between anxiety and actualization that are consistent with theoretical viewpoints. It appears that the experimental work of deGrace (1974b) is inconsistent with his theoretical work (1974a). Clarification of this significant area of mental health is required.

Because traditional measures of anxiety, including the measures used by deGrace and other investigators, refer to manifest anxiety, self-actualized persons should score significantly lower than nonactualized persons. From the conceptual framework outlined above, this prediction would not infer that actualized persons are anxiety free; it is rather a recognition that they should be free from general manifest, or debilitating, anxiety.

METHOD

Subjects

The Ss were 125 undergraduates (females = 83; males = 42) enrolled in the authors' educational and personality psychology courses.

Instruments

The Personal Orientation Inventory (POI) developed by Shostrom (1966) was used to assess level of self-actualization. Scores are reported for two basic scales of "personal orientation:" Inner-Directed support (I) and Time Competence (Tc). The I scale measures the extent to which an individual's mode of decision-making is characteristically self-oriented, i.e., governed by internal principles and norms or other-directed, i.e., determined by peer group or other external factors. The Tc scale measures the extent to which an individual lives with full awareness of the "here and now" as opposed to the past or future. In addition, there are 10 secondary subscales designed to measure openness to existential ways of valuing and experiencing. High scores on each of the respective scales indicate a greater presence of the self-actualization attribute in question. Validity and reliability data summarized by Knapp (1971) suggest that the POI is an adequate measure of self-actualization or psychological well-being.

Two test instruments were used to determine Ss' level of manifest anxiety. The first was the IPAT Anxiety Scale constructed by Cattell (1963) to provide a clinically valid and nonstressful measure of both latent and manifest anxiety. The IPAT yields a total anxiety score that is the joint product of the following components of personality functioning: defensive integration, lack of ego strength, paranoid insecurity, guilt proneness, and frustrative tension. The possible range of raw scores is 0 to 80. Raw scores of 37 or greater are considered to represent relatively high anxiety, and raw scores of 14 or less are considered to represent relatively low anxiety. Raw scores that range between 15 and 36 are interpreted as neurotic with mild anxiety level.

The second measure used to determine Ss' level of anxiety was the Taylor (1953) Manifest Anxiety Scale (TMAS). This test consists of 50 questions that cover a variety of socially and emotionally unacceptable experiences. The possible range of scores is 0 to 50. According to Cattell and Taylor, high scores on their respective scales reflect chronic, debilitating, or neurotic anxiety, whereas low scores indicate that one is relatively free from such pathological anxieties.

Procedure

Ss were administered the three test instruments in regular classroom sessions during the first 4 weeks of the 1975 fall semester.

RESULTS

Results of the present study first are reported for the entire sample, followed by a statistical analysis of a subsample of high vs. low self-actualizers. However, data initially were examined to determine whether male and female Ss differed on the three test instruments. The mean POI scores derived by summing Ss' raw scores on the I and Tc scales (cf. Damm, 1969) were 96.66 for males and 102.33 for females ($t = 1.63$, $df = 123$, ns). Mean scores for male and female Ss on the IPAT Anxiety Scale were, respectively, 34.97 and 35.84 ($t = .42$, $df = 123$, ns). Finally, the mean TMAS score was 17.47 for males and 19.37 for females ($t = 1.08$, $df = 123$, ns). Because none of the above two-tailed t -values reached customary statistical significance, gender was ignored in all subsequent analyses.

Based on the original sample of 125 Ss, Pearson product-moment correlations between all POI subscales and the two measures of anxiety were computed. All correlations were negative and significant. In accordance with the scoring procedure recommended by Damm (1969) to derive a suitable single measure of self-actualization, the I and Tc scales were combined and used as a summary measure of actualization. The correlations between POI (I + Tc) and the two measures of anxiety were identical and statistically significant ($r = -.41$, $p < .001$). Thus, Ss who tend to score high on a measure of self-actualization also tend to score low on separate measures of manifest anxiety. These findings substantiate the hypothesis that self-actualization and debilitating anxiety are related inversely among

a group of college-age Ss. It also should be noted that the IPAT and TMAS were correlated highly ($r = .67, p < .001$), an indication that both measures were tapping a common underlying factor, i.e., manifest anxiety.

In order to establish high self-actualizing (HSA) and low self-actualizing (LSA) groups, 40 Ss were selected from the initial sample of 125 Ss on the basis of their POI scores. The 20 Ss with the highest and the 20 Ss with the lowest combined raw scores on the I and Tc scales of the POI were identified and utilized for subsequent data analysis. The range of combined scores for the HSA group (males = 8; females = 12) ranged between 67 to 89 (mean = 79.20). As shown in Table 1, these groups are significantly different in terms of actualization.

Because directional predictions were made a priori, differences between HSA and LSA groups on the IPAT and Taylor anxiety scales were tested by one-tailed *t*-tests, $df = 38$. Means, standard deviations, and *t*s that compare these two groups are presented in Table 1. As predicted in the primary hypothesis of this study,

TABLE 1

MEANS (RAW SCORES), STANDARD DEVIATIONS AND *t*-VALUES FOR THE HIGH SELF-ACTUALIZED AND LOW SELF-ACTUALIZED GROUPS ON THE PERSONAL ORIENTATION INVENTORY, THE IPAT ANXIETY SCALE, AND THE TAYLOR MANIFEST ANXIETY SCALE

Instrument	HSA		LSA		<i>t</i>
	<i>M</i> (<i>N</i> = 20)	<i>SD</i>	<i>M</i> (<i>N</i> = 20)	<i>SD</i>	
Personal Orientation					
Inventory (I + Tc)	120.10	4.67	79.85	7.17	21.01*
IPAT Anxiety Scale	29.80	8.70	44.60	8.76	5.36*
Taylor Manifest Anxiety Scale	13.30	8.44	26.50	8.47	4.93*

* $p < .001$.

the findings revealed a significant difference between HSA and LSA groups with respect to level of self-reported anxiety. The HSA group scored significantly lower on both the IPAT and Taylor scales than did the LSA group. Taken collectively, then, the present findings lend considerable empirical support to the theoretical argument advanced earlier, namely, that self-actualization is incompatible with chronic, debilitating, or neurotic anxiety.

DISCUSSION

Consistent with a careful analysis of traditional theories of personality, the present study convincingly demonstrated that psychologically healthy persons are more free from neurotic anxiety than non-healthy persons. Specifically, a summary measure of self-actualization was found to be associated negatively with separate measures of manifest anxiety, and levels of anxiety were found to be significantly lower among a group of high self-actualizing than among a group of low self-actualizing college students. These findings not only contradict the empirical data reported by deGrace (1974b), but also seriously challenge his proposed disequilibrium model of mental health. As noted earlier, deGrace observed that a group of actualized Ss were not more anxiety-free (as measured by the IPAT) than a group of nonactualized Ss. This finding led him to theorize that anxiety (unspecified) and actualization are compatible with one another and that anxiety is one element that facilitates personal growth. While it is conceivable that certain forms of anxiety may foster the individual's progress toward higher levels of self-actualization, it is nonetheless evident that manifest anxiety as assessed in the present study is incompatible with optimal mental health.

The present research findings clearly indicate that some reformulation of the deGrace position is required. In our proposed scheme the health-oriented person is one who is relatively free from debilitating or neurotic anxiety and the various nervous, emotional, and mental disorders that frequently accompany such anxiety. Conversely, such an individual would be susceptible to facilitating forms of anxiety, that is, anxieties or tensions that serve to maximize awareness of realistic problems, which compel one actively and constructively to confront such problems and which enable one to obtain some measure of insight and growth contingent upon the resolution of such problems. In short, our reconceptualization of the anxiety-actualization relationship requires that a sharp distinction be made between debilitating and facilitating anxiety. Several such distinctions were pointed to in the introduction of this paper. Insofar as the present study did not include a measure of facilitating anxiety, it is presently impossible to substantiate empirically the hypothesis that growth-oriented persons do experience health-producing tensions and conflicts. Future investigators should focus attention on the health-producing vs. disease-producing aspects of anxiety in reference to understanding the possible positive role of anxiety in actualization. More importantly, conceptual clarity in the meaning and role of anxiety as it effects psychological growth is required. The position presented by these writers seems to provide a preferable theoretical formulation.

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