Relationship Between Self-Actualization and Anticipated Benefits of Care in Psychiatric Treatment

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Abstract

Self-Actualization is an attitudinal construct related to motivation and self-esteem, a target of psychotherapeutic approaches such as humanistic psychotherapy. Treatment optimism is an attitudinal construct that is shown to correspond to improved treatment outcomes. The main goal of this investigation was to test the relationship between measures of self-actualization and optimism for psychiatric treatment outcomes with 22 psychiatric patients. To this aim we used Short Index of Self-Actualization (SIS) and the Anticipated Benefits of Care (ABC) questionnaires. Total scores of the two constructs were significantly (p = .040) correlated, supporting the hypothesis that self-actualized individuals are more optimistic about their psychiatric treatment. A significant (p = .02) effect of race was found whereby Hispanic subjects scored less on the self-actualization test and were less optimistic about psychiatric treatment than white subjects. Implications for clinical psychology and psychiatric treatment are discussed.

Introduction

In an outpatient setting the physician relies on the patient or patient's family to ensure the treatment is carried out. The more optimistic a patient is about the treatment, the more likely he or she is to comply. Self-actualization is a construct that is conceptually related to optimism, and might thus be connected to treatment optimism.

This study aims to examine the correlation between expectations of successful treatment and self actualization. There is evidence to suggest optimism is associated with positive treatment outcomes in cancer (Allison, et al., 2003), depression (Giltay et al., 2006, Patton et al., 2011) and stroke (Kim et al., 2011).

The second attitudinal construct to be examined in this study was self-actualization. Self-actualization is a feature of humanistic psychology, and a concept underlying person-centered therapy. It refers to the drive of individuals to strive to reach their potential and it is conceptually related to motivation, self-esteem and optimism (Richard & Jex, 1991).

We hypothesized a direct correlation between optimism for treatment outcomes and self-actualization levels. Such a finding could begin to chart a mechanism for the effectiveness of humanistic therapeutic treatment. If the two constructs are correlated, and if self-actualization is shown to cause treatment optimism, then it could be the case that therapeutic treatments that improve self-actualization could thereby also improve treatment optimism, which in turn improves treatment outcomes.

Methods

Participants: 11 males and 11 females (*age* 45.05±15.09; 18 White, 4 Hispanic recruited from three locations (Charlotte White Center – Dover-Foxcroft, ME; Cintron Office – Haverhill, MA; Wolfe Office – Nashua, NH) with an assortment of diagnoses (Anxiety: 17, Unipolar Depression: 9, Bipolar: 6, Attention Deficit: 6, Addiction: 3, PTSD: 2). Paper surveys were distributed to consenting patients during consultation. Spanish translations were given to those who requested.

Measures: The measures used were the Anticipated Benefits of Care (ABC) and the Short Index of Self-Actualization (SIS).

Anticipated Benefits of Care (ABC) – A ten-item self-report questionnaire. Items presented in the form of "How strongly to agree or disagree?" on 5-point Likert scale. Scores range between 10 and are 50 possible points, where low scores correspond with high anticipated benefits.

Short Index of Self-Actualization (SIS) – A fifteen-item self-report questionnaire. Items presented in the form of "How strongly [do you] agree or disagree?" on 4-point Likert scale. Scores range between 15 and 60, where high scores correspond with high self-actualization.

Results

ANOVA revealed a significant (p = .020) effect of race on Anticipated Benefits of Care whereby white subjects (*Mean* =20.20, *SD* = 7.797) scored lower on the measure, and therefore higher in the construct, than Hispanic participants (*Mean* = 30.60, *SD* =10.359). ANOVA revealed a significant (p = .042) effect of race on Self-Actualization whereby white subjects (*Mean* = 43.61, *SD* = 4.132) scored higher than Hispanic participants (*Mean* = 39.00, *SD* = 1.414).

There was no significant effect of age ($|r^2| < 0.1$, $p > .64$), sex ($p > .45$) or treatment location on either Anticipated Benefits of Care or Self-Actualization.

A significant linear correlation emerged between Self-Actualization and Anticipated Benefits of Care that remained significant when controlled for race (r^2 = -.452, p = .040) (see Fig. 3). More self-actualized participants tended to report higher anticipated benefits of care. There was a higher correlation between Anticipated Benefits of Care and the specific Self-Actualization item "I have no mission in life to which I feel especially dedicated" (r^2 = -.686, p < .001) such that those who disagreed with that item showed higher Anticipated Benefits of Care (see Fig. 4).

For overall ABC scores, the single items "… have good relationships with my friends" and "…work or attend school" were the principal components, accounting for 65.22 and 11.27 percent of the total variance, respectively.

For overall SIS scores, the items "I can like people without having to approve of them" and "I don't accept my own weaknesses" were the two principal components, accounting for 21.94 and 16.00 percent of the total variance, respectively.

Participant Score Means

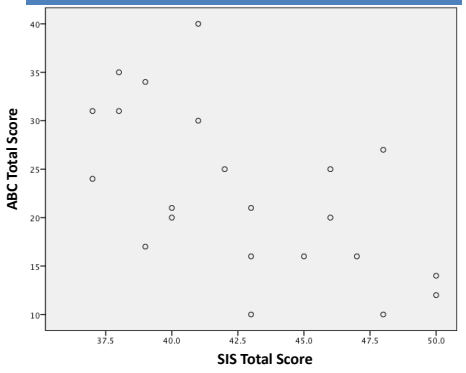
	Whole Sample (n=22)
Demographics	
Age	45.1
Female (n)	11.0
Hispanic (non-white) (n)	4.0
Measure	
ABC	22.5
SIS	42.8

Bivariate Correlation

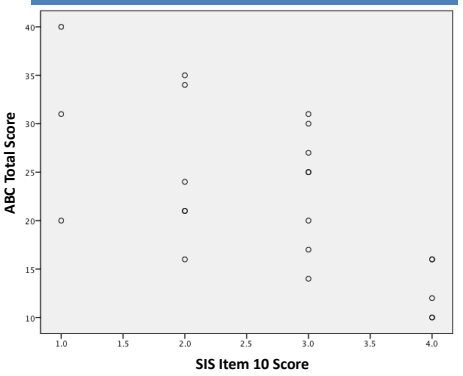
Measure	ABC	SIS	Age	Sex	Race
ABC	-				
SIS	-.596**	-			
Age	-.098	-.087	-		
Sex	.139	.167	-.199	-	
Race	-.463*	-.436*	.055	-.063	-

** p <0.01
* p <0.05

Anticipated Benefits of Care (ABC) vs. Short Index of Self-Actualization (SIS)



ABC vs. SIS Item 10, "I have no mission in life to which I feel especially dedicated"



Discussion

Our results show a direct relationship between self-actualization, and optimism for psychiatric treatment outcomes. This allows for several interpretations. (1) Treatment optimism could cause self-actualization, and interventions to improve treatment optimism could thus improve self-actualization. (2) Self-actualization causes treatment optimism, or more self-actualized patients are more optimistic about their treatment. Under this view, therapeutic interventions designed to improve self-actualization (e.g. humanistic psychotherapy) could also cause improved treatment optimism (which confers positive health outcomes). (3) The certain patients who are self-actualized are optimistic about their psychiatric treatment for some unidentified reason that explains both findings – such as socioeconomic status, realized treatment outcomes or globalized optimism. Under this view, since a third causal variable is responsible for the emergent correlation, treatments designed to improve self-actualization may not be expected to improve treatment optimism or vice-versa.

The main limitation of the study is the number of patients investigated. Since the nature of the study design was correlational, it is not possible to dismiss third variables or assert causal relationships. Future research should examine specifically whether interventions designed to change the target attitudes lead to their desired effect, and lead to improved psychiatric treatment outcomes.

Selected References

1. Allison, P.J., Guichard, C., Fung, K., Gilain, L. (2003). Dispositional Optimism Predicts Survival Status 1 Year After Diagnosis in Head and Neck Cancer Patients. *American Society of Clinical Oncology*. 21(3): 543-8.

2. Elizabeth, P. (1983). Comparison of psychoanalytic and a client-centered group treatment model on measures of anxiety and self-actualization. *Journal Of Counseling Psychology*, *30*(3), 425-428.

3. Fontaine, K. R. and Cheskin, L. J. (1999), Optimism and obesity treatment outcomes. J. Clin. Psychol., 55: 141–143.

4. Giltay, E.J., Zitman, F.G., Kromhout, D. (2006). Dispositional optimism and the risk of depressive symptoms during 15 years of follow-up: Zutphen Elderly Study. *Journal of Affective Disorders*. 91(1):45-52.

5. Kim, E.S., Park, N., Peterson, C. (2011). Dispositional Optimism Protects Older Adults From Stroke: The Health and Retirement Study. *Stroke*. 42: 2855-285.

6. Petrie, K.J; Jago, L.A.; Devcich, D.A. (2007). The role of illness perceptions in patients with medical conditions. *Current Opinion in Psychiatry*: March 2007 - Volume 20 - Issue 2 - p 163-167

7. Purkey, W., & Stanley, P. (2002). The self in psychotherapy. In D. J. Cain (Ed.) , *Humanistic psychotherapies: Handbook of research and practice* (pp. 473-498). Washington, DC US: American Psychological Association.

8. Richard, R.L.; Jex, S.M. (1991). Further evidence for the validity of the Short Index of Self-Actualization. *Journal of Social Behavior & Personality*, Vol 6(5), 1991, 331-338

9. Seligman M.E.P. (2005). *Positive psychology*, *positive* prevention, and *positive* therapy. In: Snyder CR, Lopez SJ, eds. Handbook of *Positive Psychology*. New York, NY: Oxford University Press; 2005:3--12.