THE RELATIONSHIP OF A MEASURED TAOIST ORIENTATION TO WESTERN PERSONALITY DIMENSIONS

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When a psychologist understands the relationship of Taoism to Western personality dimensions, it is then possible for the psychologist to apply counseling and psychotherapy concepts which may surpass traditional methods. A group of writings, the *Tao Te Ching*, attributed to Lao Tzu (1972), and those of Chuang Tzu, emerged in fifth-century China. These writings expressed a natural way of interconnectedness which came to be known as Taoism. Alan Watts wrote a lucid explanation of Taoism or, what he called, *The Watercourse Way* (1975). C. G. Jung (1931) made an initial exploration of Taoism from a psychological perspective and Bolen (1979) further developed Jung’s notions about Taoism.

Taoist thought differs substantially from Western concepts. Taoist thought values intuitive logic rather than the Western concept of rationality, and acceptance rather than the Western concept of control. A Taoistically oriented psychologist helps persons transcend the limitations of their rational thinking and move toward their own intuitive logic (Knoblauch, 1985).

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Consequently, a Taoist measure would assess to what extent a person is caught up in their limited rationality, or, in other words, fights against the Tao.

No quantitative analyses, however, have been performed to explore the relationship of a measured Taoist orientation to Western personality dimensions. Perhaps one reason for this gap in the literature is because of a seeming contradiction in the endeavor. Since Taoism is a way of interrelated oneness, Western psychometric procedures, which are based on the theory of individual differences, have the potential to disrupt the unity of Taoist thought. For this reason, the authors did not attempt to validate Taoism from a Western perspective. Rather, they explored the relationship of a measured Taoist orientation to Western personality dimensions in order to identify the unique clinical contribution of Taoist thought within a Western framework.

The central thesis for this study is as follows. If a person is caught up in their limited rationality, their mire of well-meaning stubbornness, the person may suffer from what is known in the West as an affective disorder, anxiety, low self-esteem, and impaired socialization skills. In order to explore this thesis, a measure was needed, one based on Taoist thought, but comparable in quality to Western measures on criteria of reliability and validity. In order for the measure to have clinical application, it was important for the measure to be brief and easy to administer and score.

CONSTRUCTION OF THE EGO GRASPING ORIENTATION (EGO)

Jackson's (1970 p. 63) four principles of theory, response style suppression, scale homogeniety, and convergent and discriminant validity, guided the development of the EGO. The theory used was reported elsewhere (Knoblauch, 1985). In summary, the Taoist principles of yin-yang, wu-wei, and te were developed into counseling and psychotherapy constructs. As an explicit duality expressing the implicit unity of all things, yin-yang was developed into a theoretical structure for unifying the positive and negative aspects of experience. Based on the principle wu-wei, methods were written which turned this theoretical structure into psychotherapy process. These methods were designed with the goal of enabling persons to accept and trust in the interrelatedness, the positive and negative aspects of themselves and others. If psychological movement in this direction began to occur, persons were thought to experience a form of te, or a state of harmonious existence with the Tao. In contrast, if persons attempted to manipulate and
control life experience, that pattern of behavior was labeled ego-grasping.

Ego grasping is defined as a dualistic stance that is marked by the person's attempts to make things more positive while striving to eliminate the negative aspects of human experience. This psychological stance fits into the ego-dominated world of self-asserting power. From the Taoist perspective this stance typically motivates behavior through idealism and the resultant guilt produced by ego-centered attempts to dominate and control experience. Subject and object are perceived as separate entities with no implicit oneness (Knoblauch, 1985, p. 55).

Jackson's second principle of test development is to suppress response style variance factors such as acquiescence and social desirability. Acquiescence was suppressed through the inclusion of items which define the opposing end of the Taoist orientation. For example, consider item 8: "Usually I accept my personal problems." The opposite theoretical position is given by item 9: "I am at conflict with what fate has given me." The Marlowe-Crowne Social-Desirability scale (Crowne & Marlowe, 1964) was included in a double cross-validation design to evaluate the relationship of social desirability to the EGO.

The third principle concerns the importance of scale homogeneity. Homogeneity implies that all items measure the same underlying dimension. In other words, homogeneity emphasizes the sameness of items. Homogeneity was accomplished according to Nunnally's (1978) technique of item selection which uses point-biserial correlations to maximize homogeneity.

The fourth principle states the importance of fostering convergent and discriminant validity at the very beginning of a program of test construction (Campbell & Fiske, 1959). A battery of Western measures was designed to be representative of anxiety and affective dimensions. This group of measures was selected to meet the requirements of convergent validity. Scales measuring self-esteem and socialization were added to the battery. These measures will demonstrate discriminant validity.

PROCEDURE

Magnetic tape recordings of individual therapy sessions were used for item development. The authors identified statements from persons in therapy which were judged as being either

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representative of an ego grasping orientation or an orientation towards teo. The forty statements selected were then written as items for the BGO.

The forty true-false items were administered to 136 undergraduates enrolled in the Northwestern University Psychology Department subject pool. The items were scored in the direction of ego grasping. For half the items, agreement with ego grasping was scored; for the remainder, disagreement with non-ego grasping was scored. For example, item 9, "I am at conflict with what fate has given me;" was scored true, and item 8, "Usually I accept my personal problems;" was scored false.

Using a table of random numbers, the group of 136 students was split into two groups of 68. An item analysis was performed on Group I to select the items which maximize internal consistency. Items having the highest correlations with the total scores were selected until a Cronbach's alpha of .81 was obtained (Nunnally, 1978, p. 282). The twenty selected items, scoring directionality (T or F), item-total point-biserial correlations, and instructions for taking the BGO are included in Table 1. The mean of the twenty selected items was 7.97 with a standard deviation of 4.43.

Both groups of 68 undergraduates were also administered ten Western scales of personality. Please see Table II. The scales selected to measure a unipolar affective condition were the Beck Mood Inventory (Beck, 1978), Dysthymic scale (Depue, et al., 1981), and Depression Proneness. an unpublished scale by Northwestern University Professor Lauren Alloy. The bipolar aspect of affective condition was measured by the inclusion of the Cyclothymic scale (Depue et al., 1981) and the Minnesota Multiphasic Personality Inventory (MMPI) Mania or 9 scale, K corrected (McKinley, J.C. et al., 1948). Trait anxiety was measured by the trait portion of the State-Trait Anxiety Inventory (STAI) (Spielberger, C.D., 1983). A scale of a sensitizer behavior pattern that has been shown to correlate as highly with the Taylor Manifest Anxiety Scale and the Welsh Anxiety Scale as is possible within these instruments reliabilities (Byrne, 1964, p. 192), the Repression-Sensitization or R.S. scale (Byrne, D. et al. 1963). is also used to measure anxiety. Rosenberg's Self-esteem scale (1965) was used to measure self-esteem, and the California Psychological Inventory (CPI) Socialization scale (Gough, 1957) was used to measure socialization skills. Finally, the Marlow-Crowne Social-Desirability Scale (M-C SD, Crowne & Marlow, 1964) was used to measure social desirability. All scales were scored and then arranged in order according to a case number from 001 to 136.
TABLE I
EGO INSTRUCTIONS, ITBMS, SCORING AND POINT-BISERIAL CORRELATIONS

SELF-DESCRIBITIVE INVENTORY

Developed by David L. Knoblauch in collaboration with Judith A. Falconer, © 1986

Name Female __ Male __ Age __ Date __

Directions: This form contains a series of statements which may or may not describe you. It also contains statements which you may or may not agree with. If you agree with a statement or determine that it does describe you, answer TRUE. If you disagree with a statement or feel that it is not descriptive of you, answer FALSE.

ANSWER EVERY STATEMENT either true or false, even if you are not completely sure of your answer. Example

Point-biserial correlations

Answer by filling in either the T or F circle as shown in the example.

1. Usually I receive enough to fulfill my desires. (F) .50
2. I wish I had more control of my thoughts. (T) .37
3. If I make a fool of myself, I usually take it seriously. (T) .38
4. I always wish I could do better than I do. (T) .40
5. I really live for the future. (T) .33
6. If I could live my life over again, I would do things differently. (T) .48
7. Rarely, if ever, do I feel a need to control my thoughts. (F) .40
8. Usually I accept my personal problems. (F) .38
9. I am at conflict with what fate has given me. (T) .67
10. Nothing is as important to me as staying in control. (T) .58
11. Usually I am satisfied with my level of performance. (F) .58
12. There is no particular right way to be. (F) .40
13. I wish I could get it together. (T) .51
14. If I could do better, my life would be better. (T) .47
15. I really struggle against the ebb and flow of life. (T) .44
16. I desire more than I usually receive. (T) .67
17. My life would improve if I had more success. (T) .45
18. When I wish that I could do better, I understand that this is of limited importance. (F) .37
19. Understanding my personal problems comes easily if I do not fight it. .37
20. Being satisfied with my level of performance would only hinder my potential in the long run. (T) .34

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TABLE 2
EGO VALIDITY COEFFICIENTS BY GROUP

<table>
<thead>
<tr>
<th>UNIPOLAR AFFLICTIVE MEASURE</th>
<th>BIPOLAR AFFLICTIVE MEASURES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Depression Proneness</td>
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<tr>
<td></td>
<td>Dysthymic Beck Mood Inventory</td>
</tr>
<tr>
<td>EGO</td>
<td></td>
</tr>
<tr>
<td>Group I</td>
<td><strong>.51 (61)</strong></td>
</tr>
<tr>
<td>Group II</td>
<td>**.44 (66)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anxiety Measures</th>
<th>Self-Esteem Measure</th>
<th>Socialization Measure</th>
<th>Social Desirability Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAI, Trait Repression</td>
<td>Rosenberg Anxiety Sensitization Self-Esteem</td>
<td>CPI Socialization M-CSD</td>
<td></td>
</tr>
<tr>
<td>EGO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group I</td>
<td>*-.63 (62)</td>
<td>-.32 (46)</td>
<td></td>
</tr>
<tr>
<td>Group II</td>
<td>-.67 (66)</td>
<td>**-.36 (67)</td>
<td></td>
</tr>
</tbody>
</table>

* Numbers in parentheses indicate the number of persons who completed both tests for each group
**Significant at the .01 level
***Significant at the .001 level

The EGO was constructed through the selection of twenty items from the total item pool of forty items. Since the item selection procedure used to construct the EGO was performed on Group I, Group II data were used as a new group for testing with the EGO. The mean of Group II was 8.18 with a standard deviation of 4.45. Cronbach’s alpha for Group II was .82. After this group was tested with the EGO, their scores were correlated with the ten Western personality scales of Group I. This cross-validation procedure was used to meet the stringency required for validity coefficients according to B.B. Cureton (1950). In order to produce a double cross-validation design (Mosier, 1951), Group I BOO scores were correlated with the ten Western personality scales of Group II.

A chi-square technique was used to determine if disproportionality existed between the ten Western scales of Group I and the ten Western scales of Group II (Hopkins, & Glass, 1978, pp. 309-1). The chi-square (X² = 1.39, ns) was not significant. The null hypothesis that there is no significant disproportionality among groups was not rejected. Therefore, it was possible to treat the ten Western scales of Group I and the ten Western scales of Group II as being equal in number.
Correlations between the ego and the ten Western measures provides evidence for convergent validity. There is a positive and strong relationship (Group I, \( r = .51, p < .001 \); Group II, \( r = .44, p < .001 \)) between the ego and the Depression Proneness scale; a positive relationship (Group I, \( r = .43, p < .001 \); Group II, \( r = .57, p < .001 \)) between the ego and the Dysthymic scale; a positive relationship (Group I, \( r = .33, p < .01 \); Group II, \( r = .45, p < .001 \)) between the ego and the Beck Mood Inventory. Persons who report high levels of ego grasping behavior are likely to experience a wide range of depressive behaviors. This range consists of a proneness to depression, dysthymic disorder or the older label of depressive neurosis, and major depression.

The relationship between the ego and the Cyclothymic scale (Group I, \( r = .41, p < .001 \); Group II, \( r = .47, p < .001 \)) is positive and strong. However, the slight positive relationship (Group I, \( r = .21, ns \); Group II, \( r = .24, ns \)) is non-significant between the ego and the MMPI Mania or 9 scale. High ego persons are likely to have an affective labile mood or cyclothymic disorder. However, the positive relationship between high ego persons and manic depression or bipolar disorder, mixed, is slight.

There is a positive and strong relationship (Group I, \( r = .63, p < .001 \); Group II, \( r = .67, p < .001 \)) between the ego and trait anxiety as measured by the State-Trait Anxiety Inventory. A positive and very strong relationship (Group I, \( r = .67, p < .001 \); Group II, \( r = .75, p < .001 \)) also exists between the ego and the Repression-Sensitization scale. High ego persons are likely to suffer from anxiety.

Correlations between the ego and measures of self-esteem and socialization provide evidence for discriminant validity. There is a strong negative relationship (Group I, \( r = -.57, p < .001 \); Group II, \( r = -.57, p < .001 \)) between the ego and the Rosenberg Self-Esteem scale and a negative relationship (Group I, \( r = -.32, p < .01 \); Group II, \( r = -.48, p < .001 \)) between the ego and the California Psychological Inventory Socialization scale. High ego persons are unlikely to have high self-esteem. In contrast, they are likely to exhibit low socialization characteristics such as being defensive, demanding, opinionated, resentful, and undependable; as being guileful and deceitful in dealing with others (Gough, 1957, p. 10). There is also a negative relationship (Group I, \( r = .36, p < .001 \); Group II, \( r = -.29, p < .01 \)) between the ego and the Marlowe-Crowne Social-Desirability scale. Persons who report high levels of ego grasping are unlikely to report this because of a need for approval or social desirability.
DISCUSSION

In this study, the Taoist explanation of fighting against one's true or timeless nature was shown to correlate with Western personality dimensions of depression, anxiety, low self-esteem, and impaired interpersonal ability. A product of this study is a Taoist measure which meets the standard of reliability for basic research (Nunnally, 1978, p. 245). Validity coefficients were obtained from classic methods (Cureton, 1950; Mosier, 1951). Coefficients were highest for anxiety, followed by low self-esteem, depression, and impaired socialization skills. Coefficients were positive for the Cyclothymic scale; however, results were non-significant for the MMPI Mania scale. High EGO persons are likely to experience the pattern of behavior known as Cyclothymic Disorder. However, there is only a slight positive relationship of the EGO with mania. The EGO did not correlate positively with social desirability, therefore, this factor does not confound the EGO results.

The EGO makes a unique contribution to the field of assessment. The EGO measures a pattern of behavior and produces a numerical score which indicates a person's place on a continuum. The continuum ranges from being with the Tao, or what has been labeled observational acceptance (Knoblauch, 1985), to fighting against the Tao, or ego-grasping. The strength of the inventory lies in its ability to measure a person's place on this continuum, which, in turn, indicates a strong relationship to Western personality dimensions. Even though a low score suggests that a person may be relatively free from anxiety, depression, low self-esteem, and low socialization skills, it does not suggest anything more than an orientation towards observational acceptance or teoIt is not a measure of enlightenment. It is not a measure of personality, since, from a Taoist perspective, personality is an alien concept.

There is a need for future research. Multi-method studies (Campbell & Fiske, 1959) would be helpful. Also, it would be interesting to find out if the EGO has predictive validity; if it does, it could be used to help practitioners in educational environments select persons for therapy or structured groups. In addition, it would be helpful to find out if the mean score would change with older adults or specific cultural groups. Finally, a study which examines the effects of test taking attitudes such as faking good and faking bad on the EGO would benefit practitioners.

If a practitioner uses the EGO, it must be used as part of a transpersonal approach and not as an eclectic add-on type assessment. This is important because the orientation of the
practitioner interpreting the results establishes the theoretical accuracy of the assessment. For example, the practitioner should not diagnose someone as a 17, which is two standard deviations above the mean, then proceed to tell the person that this indicates depression, anxiety, low self-esteem, and low socialization skills, and then prescribe a psychological method for overcoming this malaise. In fact, just the opposite must be done. If the person is to become, say, an 8 or mean score, the person must start by being a good 17. The practitioner must help the person to believe that they are what they are for a reason, that it is important for them to be this way, and at that moment, they can be no other way. Only this type of action through non-action, based on the principle wu-wei, will produce optimal change for the person. Thus, the EGO may help practitioners to know important aspects of their clients in a rapid way. However, interpretation needs to be highly skilled, otherwise, the person may attempt to obtain a lower EGO score, and, in the process, only achieve a more subtle ego-grasping orientation.

Consequently, even though ego-grasping has been defined as a Western psychometric construct, it must also be viewed from a transpersonal perspective. When viewed in this light, ego-grasping is not separate from, but a part of observational acceptance. This cannot be emphasized too vigorously. From a transpersonal perspective, ego-grasping must be a part of observational acceptance, otherwise observational acceptance might simply become another example of ego-grasping. For example, one might be tempted to say or think, "I'm more accepting than you are."

Do you understand the difference between the two minds: the mind which includes everything, and the mind which is related to something: Actually, they are the same thing, but the understanding is different, and your attitude toward life will be different, according to which one you have (Suzuki, 1970, p. 35).

Speaking as a practicing psychologist (D.L.K., senior author), I expected the correlation of ego-grasping with anxiety, depression, and low self-esteem to be high. However, the inclusion of the socialization scale was truly exploratory in that the hypothesis was made and then investigated. At first, the socialization descriptions of Gough-defensive, demanding, opinionated, resentful, and undependable; as being guileful and deceitful in dealing with others-seemed too harsh for my clients. After all, I have genuine, in-depth relationships with these persons, and they are typically not antisocial persons. Still, as I perused cases and remembered interactions, I recalled this behavior. Sometimes this behavior came from persons...
whom I considered to be extremely caring and sensitive. I must admit, this behavior had confused me. This study helped me understand that the low socialization abilities are simply part of the high ego score. With understanding, it is possible to more fully accept and help persons who seek my assistance. It is my point, further, that other psychologists may be unaware how ego-grasping behavior affects interpersonal relationships.

It is hoped that this study will provide the Western psychologist with a quantitative understanding of applied Taoist principles. This study has clearly shown the relationship of ego-grasping to Western categorization of dysfunctional behavior. Now that the study has shown this relationship, it may be less convincing for a Western cognitive psychologist to say "Well, that's O.K., I mean, it's good that you help people to accept themselves, but research has shown that negative self-statements produce anxiety and depression, so I'll go with the approaches that change negative self-statements." Negative self-statements are only symptoms of the larger ego-grasping problem, or as Watts called it, "the false problem." Therefore, the Taoist understanding is not only as sound as other understandings of dysfunctional behavior, it may also surpass other approaches in that the clinical focus is directed to a central hindering factor rather than to the more easily observable symptomatology.

Further quantitative research is needed to explore the effectiveness of Taoist or other transpersonal approaches in producing behavior change. Perhaps now that an acceptable scale is available, researchers will be able to explore the behavior change process with basic established psychotherapy research methods. With continued research, it may be easier to communicate the importance of behavior change process which does not emphasize the learning of additional ego-grasping techniques, but instead seeks to help persons unlearn the distorted understanding that they have about themselves and others.

REFERENCES


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