Lindemann's Crisis Theory and Dabrowski's Positive Disintegration Theory

A COMPARATIVE

TWO EMERGING PSYCHOSOCIAL theories offer an exciting new perspective to the traditional concepts of mental illness. One of them, the "crisis theory," has been advanced by Eric Lindemann, Ph. D., M. D., Professor of Psychiatry at Harvard Medical School and Psychiatrist-In-Chief at Massachusetts General Hospital. The other theory, "positive disintegration," is that of Kazimierz Dabrowski, a Polish psychiatrist. Since these related theories are still in the early developmental stages, one can only speculate about their utilization. It is apparent, however, that the ideas of these two psychiatrists challenge present beliefs about mental illness and increase the scope of the "normal" behavioral aspects of growth and development.

Lindemann's crisis theory is less formulated than Dabrowski's theory on positive disintegration, but is better known to the Western world, through publication of Lindemann's many articles relating to specific crises. Dabrowski's theory is developed more concretely, but is only now coming to the attention of persons outside of Poland with the recent translation into English of his book *Positive Disintegration.*[1] Neither theory, it would appear, has been fully utilized or tested by anyone other than its author. There are some minor differences between the theories which will be discussed following a summary of each theory.

Lindemann is developing his crisis theory within the context of his approach to specific human dilemmas. He believes that man's internal stability is threatened by certain changes, or "crises," in his social environment which cause acute disturbance. The individual's solution of the disturbance will either return him to his previous state of equilibrium or will result in a "subsequent greater capacity for emotional well being."[2] If integration of the disturbance is beyond the present ability of the individual, he will "show non-adaptive solutions and will have restored equilibrium at a lower level of integration."[3]

Lindemann's writings on grief[4] illustrate this approach. The "grief work"

by Mary K. Harrison, R. N., M. S.

ANALYSIS

can loosen the bonds to the deceased and lead to a mature reintegration of the experience. If the individual either allows himself or is psychotherapeutically helped to go through the process of somatic distress, preoccupation with the image of the deceased, guilt, hostile reaction, and loss of conduct patterns with the appearance of traits of the deceased in the griever, he then will be able to find new and rewarding patterns of interaction. Part of this "grief work" is the experiencing and displaying of the pain of the loss. If the relationship with the deceased was such that the individual cannot presently deal with the idea of cessation of the relationship, then the individual must integrate on a lower level with concomitant morbid grief reactions.

Lindemann believes that the strength of the drive toward maturity determines the mode of coping with the pressures from the human environment. His publications have not yet spelled out how this drive is developed. However, it is evident that Lindemann does not see psychic disequilibrium with its symptoms of disturbed thought, feeling, and action as a negative aspect in personality development.

Dabrowski's theory of positive disintegration has been somewhat more developed, both as a theory of personality development and as an approach to mental disturbance. This theory evolves from the supposition that personality growth occurs through the disintegration of the existing personality structure and then reconstruction at a higher level, which derives impetus from the developmental instinct.

Dabrowski believes that the intelligent individual demands of his "self" more than "primitive integration," which the theorist describes as similar to what most Westerners know as psychopathy. The stresses of the social environment act upon the individual in greater or lesser degrees, depending upon the compactness of this primitive integration. The primitive integration is seen by Dabrowski as a negative force, in contrast to the *capacity* for disintegration, which he thinks serves as a basis for upward development.

Dabrowski describes the various forms of disintegration as follows:[5]

> Partial disintegration involves only one aspect of the psychic structure, that is, a narrow part of the personality. Global disintegration occurs in major life experiences which are shocking; it disturbs the entire psychic structure of an individual and changes the personality. Permanent disintegration is found in severe, chronic diseases, somatic as well as psychic, and in major physical disabilities, such as deafness and paraplegia, whereas temporary disintegration occurs in passing periods of mental and somatic disequilibrium.

He relates disintegration to mental illness by stating the belief that the functional disorders are in many instances positive occurrences. Positive disintegration "contributes to personality, to social, and very often to biological development."[6] Mental disturbance is not all psychopathological and is often an "expression of the developmental continuity," and the "process of positive disintegration a creative nonadaptation."[7]

An important aspect of Dabrowski's theory is his concept of the "third factor." It is this factor which, with heredity and environment, determines the maturity of man. As he describes it, it arises in the development of the self and in the process of selecting and rejecting the specific aspects of the external and internal environment. The third factor involves the capacity for "self-objectivity, self-criticism, self-control, and objective evaluation of the social environment."[8]

Dabrowski mentions that the third factor is developed only in those individuals whose disintegration process is protracted; often such individuals show signs of psychoneuroses. This is indeed a positive way of approaching what American society sees as a negative aspect of individuals.

Dabrowski believes that through the dynamics of positive disintegration the individual develops from lower to higher personality types. Only in the true "primitive integration" pattern can there be little possibility of transformation to another type. He believes that the "cyclic individual" possesses attributes in which positive disintegration will lead to a decrease in "exaggerated sociability, overly practical attitudes, opportunism, and strong adaptation to the external environment."[9] In the schizothymic individual, positive disintegration will improve relations with people and decrease the preoccupation with the self.

In summary, positive disintegration offers all psychopathological types the opportunity to increase the organization and maturity of their psychic structure. The mere appearance of "psychopathological" symptoms may indicate either the onset of a "psychotic" episode or the process of positive personality development. It is the part that these symptoms play within the individual and within his relationship to the group that determines whether disturbed behavior is a positive, healthy sign or a chronic pathological sign. Dabrowski emphasizes that the end result is often the only clue to the role these disturbances play within the individual's personality.

Dabrowski views states of anxiety, depression, and other psychoneurotic

symptoms, and indeed many limited psychotic states, as positive, healthy stages in the process of development of a healthy, creative personality. He defines the mentally healthy person as one who has the potentiality to develop mental health, and applies this to all diagnostic categories, including schizophrenia.

It is evident that there are both differences and similarities between the two theories mentioned. The "crises" of Lindemann are called the "symptoms of disintegration" by Dabrowski; both theorists see the potentiality for personality growth in these situations. Lindemann sees possible negative outcomes when the relationships with significant persons in the individual's life have been poor. Dabrowski expects a negative outcome only when environmental conditions are *very* poor and there is concomitant physiological disturbance. Dabrowski believes that the individual has a positive drive toward development, and thus the outcomes of emotional disasters can be favorable. Lindemann places more importance on relationships and their role in emotionally dangerous situations, but he also stresses the strength of the drive toward maturity as a determinant of the success of the coping mechanisms. Lindemann has not discussed the developmental aspects of psychosis, but Dabrowski mentions the positive function of the acute psychosis. Aronson[10] points out that the similarities between the theories are not unusual because of the marked similarity between the experiences of the two men in preventive psychiatry.

The ideas of Dabrowski and Lindemann have specific importance for enlarging views of "normal" growth and concomitantly altering definitions of mental illness. Since some of the problems of adolescence are well known, this developmental period provides a common ground from which to consider the implications of these theories.

The adolescent in Western society faces extensive personality reorganization.[11] This reorganization includes the tasks of learning to accept and to come to terms with his own body, learning an appropriate sex role, establishing independence from adult (parent) domination, achieving adult economic status, and developing a personal system of values. These tasks are the focus for the resulting developmental crises at adolescence. It is the "loosening of structure"[12] at puberty which presents symptoms similar to those in emotional illness. The formerly phlegmatic child becomes the easily excited and emotionally labile adolescent, given to extremes of intellectual interest and apathy, detached or highly involved relationships, extreme concern with his physical state or lack of interest to the point of danger. The adolescent's attitudes toward himself vary from feelings of superiority to inferiority, criticism to self-criticism, environmental overadaptation to maladaptation, and concern with past or future rather than present. Yet for all the *sturm und drang* which these symptoms cause those who must deal with the adolescent, the symptoms are not labeled as mental illness. "He's going through a stage" is the comment heard frequently.

Dabrowski calls this stage "unilevel disintegration."[13] There is no clear, orderly structure of the processes bringing

about transformation. He states that with little self-consciousness and little self-control there is the submission of one impulse to another, with the conflicts and frustrations in everyday life taking a part in the "transformation of the primitive structure of impulses to a higher development."[14] This same kind of transformation can lead to suicidal tendencies, psychosis, and reintegration at a lower level. The period of adolescence illustrates this — the attempted and completed suicides during adolescence, the adolescent schizophrenic, and the one who does not grow up psychologically.

The developmental instinct,[15] or the drive toward maturity,[16] is what determines the ultimate result of the disintegration at puberty. Both authors discuss these drives as the movement of the personality toward its ideal. Nowhere is this drive more clearly illustrated than at adolescence. Blos, whose orientation is more traditionally psychoanalytic, discusses "adolescence as a maturational period in which each individual has to work through the exigencies of his total life experiences in order to arrive at a stable ego and drive organization."[17] An adolescent girl described this state by saying: "I don't know who I am anymore. But, I know who I want to be — who I feel I almost am." This is the age at which idealistic, unrealistic personal goals are painfully replaced by down-to-earth steps toward workable goals. The adolescent's dissatisfaction with himself and resulting greater self-awareness and self-examination result in the disintegration which is necessary for movement toward maturity or a higher level of integration.

It is interesting to note that many of the symptoms of the *normal* developmental process occurring at adolescence could be labeled "signs of emotional illness." The feelings of depersonalization and unreality, poor impulse control, feelings of inferiority, self-criticism and others are all those associated with the psychoneuroses or psychoses. These symptoms are called "normal development" at adolescence and "mental illness" at other times. It is not possible that these symptoms are, as Dabrowski calls them, the "symptoms of disintegration" — disintegration which may have a positive outcome and therefore is not illness? Why then are signs of disintegration viewed commonly as unhealthy and treated as pathological?

It is interesting to speculate that because of our insistence that psychic disintegration is illness, we perpetuate the condition and encourage chronicity. Does our attitude toward psychotic people, with their delusions, hallucinations, and misperceptions of reality, push them toward the back wards of state hospitals? Too often attention and treatment are focused on the unhealthy behavior, the disintegrative aspect of the personality, and not on the healthy, the drive toward maturity. It seems that some of the psychotherapeutic approaches to the schizophrenic patient illustrate this: the therapist insists upon hearing about the "craziness" — the hallucinatory material and the misperceptions of the environment — and does not reinforce the often acute realistic observational abilities and emphatic affective understanding that the schizophrenic possesses. By no means do I

suggest that the therapist ignore the unhealthy aspects of the schizophrenic personality, even if it were possible for him to do so. I do suggest that in light of the theoretical foundations laid by Dabrowski and Lindemann it is incumbent on mental health workers to help all patients utilize their drives toward maturity. These theories explain some of the "spontaneous cures" of psychoses as the reintegration after a disintegrative crisis. Our psychotherapeutic approaches need to be modified if the individual must do his "crisis work," as Lindemann suggests he must do his "grief work."

Dabrowski states that "appraisal of the mental health of an individual must be based on the findings of progressive development in direction of exemplary values,"[18] and that "mental health is the development of personality toward a more elevated hierarchy of goals set by the personality ideal."[19] Lindemann states that "Mental health refers to the mode in which an individual copes with the pressure exerted upon him by his human environment. The degree of integration between the different parts of the self has been mentioned. The individual's integration with the cultural patterns to which he has to conform, and the growth process with transitions through different levels of function and adjustment, is not always smooth and without conflict."[20] These definitions of mental health are far from the definition of mental health as the "fulfillment of one's potentialities, or the ability to love and work."[21] Instead, they suggest that mental health is an ongoing process with potentiality for growth or pathological disintegration at every crisis.

Workers in the field of mental health will find the papers by Lindemann* and Dabrowski stimulating and provocative. One's outlook on growth and development, mental health, and mental illness cannot but be influenced by what these two theorists have presented.

* Bibliography available upon request

References

[1] Dabrowski, Kazimierz, *Positive Disintegration,* (edited by Jason Aronson), Boston: Little Brown and Company, 1964.

[2] Lindemann, E., "Fundamental to a Dynamic Epidemiology of Health," *The Epidemiology of Health,* (ed. Iago Galdston), New York: Health Education Council, 1953.

[3] Aronson, J., "Introduction," in *Positive Disintegration,* pp. xx.

[4] Lindemann, E., "Symptomology and Management of Acute Grief," *American Journal of Psychiatry,* 101: 141-148, 1944.

[5] Dabrowski, K., *Positive Disintegration,* p. 10.

[6] *Ibid,* p. 10.

[7] *Ibid,* p. 13.

[8] *Ibid,* p. 54.

[9] *Ibid,* p. 71, 72.

[10] Aronson, *op. cit.* xxi.

[11] Ausubel, David P., *Theory and Problems of Adolescent Development,* New York: Grune and Stratton, 1954, p. 48.

[12] Dabrowski, *op. cit.* p. 6.

[13] *Ibid,* p. 6.

[14] *Ibid,* p. 6.

[15] *Ibid,* p. 10.

[16] Lindemann, E., "Symptomology and Management of Acute Grief," *American Journal of Psychiatry,* 101: 148.

[17] Blos, Peter, *On Adolescence: A Psychoanalytic Interpretation,* New York: The Free Press of Glencoe, 1962, p. 9.

[18] Dabrowski, *op. cit.,* p. 113.

[19] *Ibid.* p. 125.

[20] Lindemann, "Fundamental to a Dynamic Epidemiology of Health," *The Epidemiology of Health,* p. 111.

[21] Dabrowski, *op. cit.* p. 111.