

Symptoms of Development

Kazimierz Dabrowski

Positive Disintegration. Boston: Little, Brown & Co., 1964. Pp. xxviii + 132. \$5.50.

Reviewed by O. H. MOWRER

The author, Kazimierz Dabrowski, received his MD at the University of Geneva Medical School in 1929 and a PhD in experimental psychology from the University of Poznan in 1932. He was a Privat Docent in child psychiatry at the University of Geneva in 1943, has studied under Claparede, Piaget and William Stekel and has had additional training in clinical psychology and child psychiatry at Paris and Boston. From 1935-48, except for the interruption of the German occupation, he was the Director of the Polish State Mental Hygiene Institute and High School for Mental Hygiene in Warsaw. More recently he was a professor in the Polish Academy of Science and the Director of the Institute of Children's Psychiatry and Mental Hygiene in the Academy. Presently he is at the University of Alberta. What's new about Hobart Mowrer, the reviewer, is that he has recently received a generous grant from the Lilly Endowment of Indianapolis to subsidize for clergymen and associated mental health personnel a number of Institutes on Integrity Therapy, and he is going to be a participant in April at the Consultation for Psychiatrists and Theologians to be held at the Ecumenical Institute, Geneva. He remains at the University of Illinois as Research Professor of Psychology.

IN contrast to integration, which means a process of unification of oneself, disintegration means the loosening of structures, the dispersion and breaking up of psychic forces. The term *disintegration* is used to refer to a broad range of processes, from emotional disharmony to the complete fragmentation

of the personality structure, all of which are usually regarded as negative.

"The author, however, has a different point of view: he feels that disintegration is a generally positive developmental process. Its only negative aspect is marginal, a small part of the total phenomenon and hence relatively unimportant in the evolution or development of personality" (p. 5).

Thus does Dabrowski set forth, in general terms, his seemingly paradoxical conception of "positive disintegration" and its role in personality disturbance and growth. More specifically he says: "In relating disintegration to the field of disorder and mental disease, the author feels that the functional mental disorders are in many cases positive phenomena. That is, they contribute to personality, to social and, very often, to biological development. The prevalent view that all mental disturbances are pathological is based on too exclusive a concern of many psychiatrists with pathological phenomena and automatic transfer of this to all patients with whom they have contact" (p. 13).

And later Dabrowski states his hypothesis even more baldly when he says: "The recovery of numerous mental patients results not only in their return to their previous state of health but also the attainment of a higher level of mental functioning. Patients often manifest a development of their creative capacities even during the climax of their illness" (p. 95).

Although this author does not always succeed in avoiding medical language, his concepts are not basically disease-centered. For example, he says: "The theory of positive disintegration places

a new orientation on the interpretation of nervousness, anxiety, neurosis, hysteria, psychasthenia, depression, mania, paranoia, and schizophrenia" (p. 14). And elsewhere, in speaking of a particular patient's disturbance, he says: "It indicated deep dissatisfaction with his internal and external milieu and tendency with very high emotional tension to resolve this on a higher level of synthesis. His symptoms could be diagnosed as 'mixed depression and anxiety neurosis' or perhaps 'borderline schizophrenia,' but such a label is merely psychiatric etiquette" (p. 32).

Dr. Jason Aronson, in his very useful Foreword, says, even more explicitly: "Like Thomas Szasz, author of *The Myth of Mental Illness*, Dabrowski rejects the medical model of 'illness' for psychiatric disorders" (p. xvii). Not only does he reject, at least in a general way, the medical model; he is also anti-Freudian. Although originally trained (in Vienna, under Wilhelm Stekel) in psychoanalysis and quite restrained in his direct criticism thereof, Dabrowski takes a position which can only be described as antithetical. Freud saw "neurosis" as caused by a superego which is making unrealistic and too severe moral demands on the individual. "Conventional morality," Freud asserted, "demands more sacrifices than it is worth." And therapy, in this frame of reference consists of trying to get the patient to "choose some intermediate course" (*General Introduction to Psychoanalysis*, pp. 376-377).

ON a scale of socialization or moral development, mental health, for Dabrowski, does not lie in the middle but at the *high* end. Unlike Freud, he holds that normality (or "therapy") consists of one's rising to the demands and challenges of conscience and the ideal community life it reflects, not in ignoring and trying to belittle them.

Dabrowski thus takes very seriously the possibility that, in so-called neurosis ("identity crisis" is a much better term), we are dealing with *real* guilt (which has been kept carefully hidden) rather than with mere guilt feelings. The following statements typify Dabrowski's position in this regard: "Guilt

has a tendency to transform itself into a feeling of responsibility, which embraces the immediate environment and even all society. As has been mentioned, it seeks punishment and expiation. These latter factors play a major role in relieving the feeling *and in beginning the ascent of the individual to higher levels of development*" (p. 37, italics added). "An appraisal of the individual must, therefore, be based on the findings of *progressive development in the direction of exemplary values*" (p. 113, italics added). "Mental health is accompanied by some degree of ability to *transform one's psychological type in the direction of one's ideal* . . . The transformation of psychological type, the deepening and broadening of personality, is directly related to symptoms of positive disintegration" (p. 116, italics added).

And what, more specifically, are "symptoms of positive disintegration"? They are "feelings of guilt, of shame, of inferiority or superiority, of the 'object-subject' process [obsessive introspection and self-criticism], of the 'third factor' [self-system], and of so-called psychopathological symptoms" (p. 22), "an attitude of dissatisfaction with oneself and a source of shame, guilt, and inferiority" (p. 122). "Sadness, depression, discontent with oneself, shame, guilt, and inferiority are essential for development, as are also the experience of . . . joy and creativity" (p. 119).

And when do these feelings, symptoms, signs of positive disintegration arise? At this point Dabrowski's analysis begins to show some of the vagueness and ambiguity which Aronson mentions in his Foreword. At several points the author alludes to puberty, menopause, and periods of "external stress" as the common instigators of positive disintegration. Here individual responsibility is not necessarily indicated. But at other places in his book Dabrowski takes the position that psychological stress arises from dissatisfaction "with regard to one's own conduct" (p. 36), "awareness of 'infidelity' toward the personality ideal" (p. 47), "an acknowledgment of having acted incorrectly" (p. 108), and "dishonesty" (p. 113).

Thus it is not unfair to say that for Dabrowski "symptoms of positive disintegration" arise when one violates his

own highest standards (conscience)—and those of the reference group (or groups) to which he "belongs." And *the capacity* to be thus disturbed, although undeniably the source of much suffering, is also the hallmark of our humanity and the wellspring of moral and social progression. The sociopath, as Dabrowski repeatedly observes, is deficient in this capacity and is, accordingly, less "healthy," less "normal" than are persons who are able to react to their own shortcomings ("sins") with active discontent and self-administered "correction." Here, incidentally, is a good place to say a word concerning this author's emphasis on what he calls "self-education" (or "autotherapy"). Whereas Freud saw conscience and guilt feelings as largely negative and something to be opposed, Dabrowski regards them as "an indispensable factor in development" (p. 39), "the basis of the creative tension that moves [us] toward a stronger process of self-education" (p. 49), which "will admit no retreat from the road ascending to a personal and group ideal. The growing realization of a personality ideal is the secondary phase of self-education and is unique to the formed personality" (p. 63).

But not *all* personal dissatisfaction, guilt, or "disintegration" is "positive," "self-educative." Dabrowski admits that it is sometimes "negative," "genuinely pathological," and conducive to personality "involution" (e.g., chronic psychosis or suicide) rather than growth. How can one "diagnose" the difference? Dabrowski takes the (scientifically and practically not very satisfactory) position that such a differentiation is actually not possible; one can only infer retrospectively that a given instance of "disintegration" was positive or negative. "From the point of view of the theory of positive disintegration, we can make a diagnosis of the nature of mental disease only on the basis of a multidimensional diagnosis of the nature of the disintegration. The diagnosis may eventually be validated by observation of the outcome" (p. 17). "Even when suspecting psychosis, the psychiatrist must refrain from judging the case to be pathological disintegration until the end of the process. The so-called psychopathologi-

cal symptoms—delusions, anxiety, phobias, depression, feelings of strangeness to oneself, emotional overexcitability, etc.—should not be generally or superficially classified as symptoms of mental disorder and disease since the further development of individuals manifesting them will often prove their positive role in development" (p. 103).

It thus becomes apparent that Dabrowski would be happy if he could avoid all reference to disease in the psychiatric context; but it is also clear that he does not entirely succeed in this regard. The difficulty, I submit, arises from a too global interpretation of the concept of "symptom." Two orders of phenomena are involved here, not one. The first comprises reactions of a purely *emotional* nature: guilt, depression, inferiority feeling, etc. The second has to do with the *behavior* a person manifests as a means of resolving these affects, i.e., the voluntary, deliberate, choice-mediated *responses* one makes in an effort to deliver himself from his emotional discomfort, disturbance or "dis-ease."

If a person has a conscience (i.e., is well socialized) and behaves badly, he has no choice but to feel bad, guilty, "sick." His reactions, at this level of analysis, are automatic, reflexive, involuntary, "conditioned" and are neither positive or negative, but *equi-potential*. However, one does have a choice as to how one then responds to such emotional states, whether with "symptomatic" behavior designed to make oneself merely more comfortable or with what Dabrowski calls autotherapeutic, self-educative actions (viz., confession and restitution), which will be temporarily painful but ultimately and profoundly stabilizing and growth-producing. Here—and only here—can we confidently and meaningfully make a distinction between positive and negative trends, decisions, "strategies."

Thus there is no necessity to wait until "the end of the process" to determine what is positive "disintegration," or crisis, and what is negative. It is entirely a matter of how the individual *handles* his automatic (autonomic) guilt reactions. And in neither case does it contribute anything to our

understanding or practical control of the situation to postulate the presence of a "disease" or "pathological process," any more than it does in any of thousands of other human situations where there is the possibility of making both good and bad choices.

HAVING in this way gotten the problem safely out of the realm of "disease" and into the area of decision theory, we can now take the further useful step of specifying, with considerable precision, the conditions under which one is likely to make good (wise) vs. bad (impulsive, foolish) decisions. Evidence from many sources indicates that individuals who live openly, under the judgment and with the counsel of their fellows, make, on the average, far better and better-disciplined decisions than do persons who operate secretly, evasively, dishonestly. If we are committed to the practice of hiding certain of our actions and thus avoiding the consequences they would have if known, we are inevitably weak in the face of temptation, in that now impulse is easily dominant over prudential concerns. Will power, it seems, is much more a matter of being "in community" than of having a special faculty or strength within oneself. Hence the great virtue and effectiveness of group therapy: it provides the occasion for a "return to community" and recovery of order, stability, realism, and joy in one's life.

"But what if the community, group, society is itself wrong? Isn't it then folly to submit to its values and discipline?" This is not the place to explore this issue exhaustively. Suffice it to say that groups can indeed be in error—and certainly one of the worst errors a group can make is to assume or teach that secrecy, isolation, "independence" on the part of individuals is a good thing. Today our society is commonly called "sick" and much attention is being given to "community mental health," on the assumption that our way of life is still too demanding, strict, rigid, moralistic. This, in my judgment, is not our problem at all. Is it not rather that, as a people, we have accepted, as necessity if not an

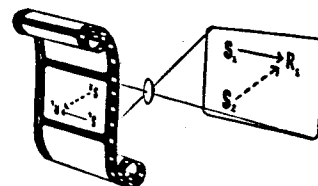
absolute good, the habit of compromise, deceit, and double-dealing? We shall, I think, vainly continue to seek "psychological integration" (or so-called "mental health") until we recognize, once again, the central importance of *personal integrity*.

Dabrowski's book *Positive Disin-*

tegration usefully directs our attention away from the stultifying notion of disease and "emotional disorder" toward a way of thinking which, if not yet fully explicit and precise, is at least pointing in a new direction which we need to explore with all seriousness and dispatch.

INSTRUCTIONAL MEDIA

Edited by A. A. Lumsdaine



Learning to Study by Doing It

Donald E. P. Smith, General Editor; Carl Haag, Roderick A. Ironside, Rosemarie E. Nagel, Anne R. Cross, Daniel G. Sayles, and John E. Valusek

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I think that it is a fair proposition to make that the college and university experience differs from that of