For example, Dabrowski initially defines the disposing and directing center as a "set of dynamics determining the course of the individual." Does he mean by this the goals for which the individual is striving? Or the mechanisms he uses to handle his problems and achieve his ends? He adds, "It can be at lower, primitive levels of development, or at higher levels of moral and social evolution." Now it seems that this concept represents the individual's values. This view is strengthened by his description of the disposing and directing center as moving the individual in the direction of his personality ideal. But who is to rate one set of values as morally and socially higher than another? When we turn to his clinical use of the concept a broader meaning emerges. In the case of Ella, Dabrowski says, "There is the gradual formation of the disposing and directing center hindered by the child's ambition but supported by her determination to handle new situations despite anxiety, her strong feelings of obligation and her ambition," and "successful handling of the crisis will . . . strengthen her disposing and directing center . . . ." Here the concept clearly means more than values; it seems to include all functions of coping with reality. In the case of Jan he writes, "In the course of psychotherapy there was the growth of a new disposing and directing center developed from a decrease of his inhibitions, increased awareness of his own ability, and increased confidence from what he had learned from examining his developmental history." A Western psychiatrist would be likely to describe this as an increase in strength of the ego. But if "disposing and directing center" refers to the perception and adaptation to reality, what can be meant by its being at "higher" or "lower" levels?

There is, of course, considerable variation among personality theories of the degree of precision and clarity of concepts. These problems are not unique in the work presented here. And, too, something more than meaningfully defined concepts is necessary to achieve scientific status. It must show broader explanatory power than alternate theoretical methods. As described above, the phenomena conceptualized by Dabrowski can be stated in other theoretical terms. Moreover, a theory of personality is functional. It is relevant to a broad range of problems: treating emotionally disturbed patients, planning educational programs, and raising children. The clinical usefulness of Dabrowski's ideas is only hinted at in this essay. Of course, like man, no theory is born an adult ready to meet all challenges. But if the theory of positive disintegration is to develop through adolescence to maturity, progressive clarification of its terms, of the breadth of its explanatory power, and of its practical implications must be achieved.

The strength of the theory of positive disintegration is in its emphasis on "psychopathology" in normal personality development. Its weakness is in the looseness in definition of its concepts. Its growth and development depend on further clarification, particularly concerning its relation to specific clinical data.

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In a previously published review of Dr. Dabrowski's book *Positive Disintegration*,[1] I have already expressed deep appreciation of and basic agreement with his general point of view, and have ven-

[1] O. H. Mowrer, "Symptoms of Development," *Contemporary Psychology*, 10 (1965), 538–540.

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tured the opinion that it is one which is destined to receive increasing attention and acceptance. I shall here reproduce only that portion of my review in which I allude to what seems to me to be the one major weakness in Dr. Dabrowski's argument and suggest a way in which it can be eliminated without in any way impairing the over-all validity and cogency of his position.

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."

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." "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 psychopathological 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."

Two Aspects of Symptoms

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 *equipotential.* 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 Dabrow-

ski 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.

The Power of "Community"

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*.