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**PSYCHOTHERAPY THROUGH DIAGNOSIS**

by

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The Theory of Positive Disintegration contains within its scope a new and different concept of mental health. Mental health is defined as the processes which direct development to higher levels of mental, intellectual, social and moral values in accordance with the individual's concept of his personality ideal. Thus psychoneurotics, and others in mental institutions suffering from depressions, obsessions, inner disquietude, anxiety, infantilism, hysteria, psychasthenia and other "syndromes" are considered in a transitory stage of mental health, emerging from a level of insensitivity, lack of empathy, to a disintegrative stage which is a prerequisite to higher levels of development.

Many of those in the first stage of development, e.g. psychopaths, sociopaths, function "normally" in society and are admired for their decisiveness and cold calculating manner. Our concern here is not with these primitively integrated individuals but with a therapy for the mentally healthy. A therapy that will eventually lead to autopsychotherapy. Hence the goals of this therapy is not a functioning individual, as such; an approach that would get institutionalized patients and clients back on the streets as quickly as possible; but for a developed sensitive, aware individual striving for what he ought to be.

Psychotherapy has definable characteristics which should be understood if the developmental concept of mental health is to be accepted. First, psychotherapy does not have one established procedure or an established structured approach. It can take many forms.

"Thus we may concurrently or successively utilize all or any of the methods of psychoanalysis, group therapy, individual psychology, relaxation therapy, 'positive regression', integrative therapy (Mowrer), etc." (1)

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(1) K. Dabrowski Outline of Psychotherapy. (In preparation).

Although psychotherapy does not limit itself to one structural methodology, it does have certain limitations. The aims of psychotherapy are not to find what is not there--not to find a dynamism that does not exist for this patient--not to define a symptom in merely sexual terminology. Thus a second characteristic of psychotherapy is that it does not merely seek out pre-defined symptoms but goes beyond symptoms to a deeper understanding of the individual. This understanding takes into account the level at which neurosis or developmental dynamisms are manifesting themselves. Interneurotic and intraneurotic differences must also be considered. The discovery of these differences can explain the level of the neurosis, e.g. an anxiety neurosis is a higher level neurosis than fear neurosis; and within both of these neuroses there are different levels of expressing the neurosis, different levels of dynamisms; e.g. the dynamism of inferiority towards oneself is at a higher level than the dynamism astonishment with oneself. Thus the level of the neurosis and the level of its dynamisms has to be established.

A third characteristic of psychotherapy is that it embraces a "genetico-teleological" approach, i.e. the cause-effect relationship with reference to the present state of mental health is determined by a consideration of past events and present behavior, but the teleological aspects of personality are also considered. Thus alternatives for modes and goals of development are suggested in therapy, and a conceptualization of a personality ideal may be discussed if the patient is at the third level of development.

A fourth characteristic of psychotherapy is the explanation to the patient of the positive forces of personality development. Although we have defined an individual as mentally healthy if he is at a disintegrative

stage he may not define himself as such. Obviously he has sought the psychotherapist for reasons of inner disquietude, personal problems, and fear of what could be defined as 'pathological rumination'. The patient who is afraid of anxiety and wants only to remove or erase the inner disquietude has to be encouraged to accept the point of view that his state of mind is healthy and has positive forces which can be used for development. It should be explained to him that eradication of anxiety and regression to stability are not healthy. But the therapist must be continually conscious of the fact that disintegration can be negative, i.e. it can result in involution or re-integration at a primitive level. To prevent this occurrence the psychotherapist must consider which dynamisms are 'pathological' in the sense that they would lead to primitive integration. Once discovered the positive aspects of these 'pathological' dynamisms are then coupled to other developmental dynamisms that need elaboration. This process of coupling will be elaborated later in the paper.

A fifth characteristic of psychotherapy takes into account the balance between interiorization and exteriorization. The psychotherapist must continually give constant attention to how much the patient is concerned with problems specifically relating to his inner psychic milieu and how much he is concerned with problems of his external environment.

With these general characteristics established as a fundamental background a more specific description of psychotherapy can be elaborated. Psychotherapy differs for each individual but it can be categorized in a fairly broad manner, viz. psychotherapy during the stage of multilevel disintegration and psychotherapy during unilevel disintegration.

For patients within either unilevel or multilevel disintegration

therapy involves first of all the establishment of a friendship with the patient. The relationship must be a subjective one, based on the patient's uniqueness. The psychotherapist must be an individual who establishes a relationship with the patient not on the basis of external role authority, but on the basis of authority founded on knowledge, with confidence in that knowledge. He must be understanding, empathetic, and willing to be a friend as well as therapist.

During the process of establishing this relationship the psychotherapist will begin to discover the patient's level of development. His level of awareness, subtleties of expression, sensitivity, empathy, type of dynamisms are some of the indications of the patient's level of development.

For example, consider first an individual at the stage of spontaneous multilevel disintegration. Interviews would be conducted with the patient concerning: his problems, his associations with joyous and painful experiences, his attitude toward death and suicide. From these interviews the structure of the inner psychic milieu (network of developmental and non-developmental dynamisms) becomes clearer for both the psychotherapist and the patient.

At this stage of multilevel disintegration the dynamism of "subject-object in oneself" is beginning to form as a result of lower level dynamisms such as disquietude and dissatisfaction with oneself. The subject-object dynamisms is one of the most important developmental dynamisms-- the ability of an individual to look at himself as an object and also to be able to empathize with others, realizing that they can be subject, as he as an individual, is a subject to himself. The patient is encouraged to use this dynamism: to look at himself, to probe his

psyche, to perceive what forces are operating. With the collaboration of the psychotherapist dynamisms that need elaborating, that are weak can be discussed and changes in behavior encouraged on this basis. The patient himself must recognize the need for change and act upon this need. For example, the important dynamism of "subject-object" can be developed too strongly and independent of other dynamisms. An obsession with self-analysis can lead to pathological rumination or non-direction in development. Together, the patient and therapist can decide that this dynamism is taking too much psychic energy. The patient should be encouraged and should encourage himself that there are other important dynamisms that should be developed. The dynamism of "subject-object" should work in collaboration with other developmental dynamisms and not independent of them. At this level of development (spontaneous multilevel disintegration) organizing dynamisms such as the third factor (organizing mental deterministic dynamism), syntony, empathy and self-control should be encouraged. A plan of self-development, alternate choices the subject can make for development, his concept of a personality ideal, the difference between "that which he is and that which he ought to be" should be elucidated by the patient with the help of the psychotherapist. Thus the patient is encouraged to accept more responsibility in relation to his own developmental process.

One of the interesting aspects of this type of psychotherapy is that "pathological" dynamisms are not eradicated but used in a modified form. For example an individual at this level (spontaneous multilevel disintegration) may be deeply depressed because of a powerful dynamism of inferiority towards himself resulting in a great deal of shame, guilt, and self-awareness. Because of this he may be considering suicide.

In consultation with the therapist he would be encouraged to commit a form of suicide--the atrophy of negative characteristics. The patient would be informed that feeling inferiority toward himself, feeling guilt and shame towards himself, sensitivity, self-awareness, awareness of social injustice in the world are signs of a very moral, enlightened person and these forces should be used for development.

Thus psychotherapy for individuals at the third level of development (spontaneous multilevel disintegration) involves a mutual diagnosis and prognosis. The patient in collaboration with the psychotherapist becomes aware of his own inner psychic milieu and with creativity and responsibility for his own development is encouraged to use autopsychotherapy to lead to his personality ideal.

At the second level of development the individual is not prepared for psychotherapy through self-diagnosis, he is not prepared to be responsible for his own development.

This second level of development, the state of unilevel disintegration, is the first step away from primitive integration. It involves conflicts between drives or emotions of near equal strength with only a minimal amount of consciousness and self-control. Automatic dynamisms such as shame, ambivalence, and ambitendencies predominate at this level of development. Individuals at this stage are very tense and yet sensitive to external stimuli. This tension has no developmental outlet and the search for its release can take internal and external forms. External release is manifested in the form of demonstrativeness, self-display, anger and stubbornness. Internally it takes forms such as ambivalence towards others, and the transference of inner psychic tension to the vegetative (sympathetic) nervous system (in the form of tics, anorexia nervosa, hysteria, and conversions).

Therapy at this level of development begins by ascertaining what amount of self-control the patient has at the present time, which developmental dynamisms are strong enough so that they can be used and elaborated for development. At this level of development compensatory rather than subliminal solutions in therapy should be used. For example, if the patient is suffering from the death of a loved one he should be encouraged to establish new emotional bonds rather than encouraged to understand that the exclusivity and uniqueness of relationships are one of the highest values in life. For a patient within unilevel disintegration thrusting him to existential despair is not recommended. This involves a more established hierarchy of values than is present at the stage of unilevel disintegration.

Thus patients at this stage of development have a great deal of tension and no developmental outlet. Hence the psychotherapist attempts to reduce this tension to a more controllable force by regulation of familial and sexual life. External discharge of energy is encouraged in temporary regression in activities such as dancing, forms of aggressiveness, sporting endeavors, drinking, movies, and perhaps even a low level (shallow) love affair.

At this level of development individuals are very impulsive and suggestive. Once their psychic tension has been reduced to a more viable form the psychotherapist can attempt to awaken the dynamisms of multilevel disintegration through suggestion and autosuggestion. At the same time the psychotherapist attempts to develop the patient's self-consciousness, and the patient's self-control.

Also this therapy involves strengthening the patient's feeling of self-importance. He should be encouraged to follow his own interests and



abilities. After the patient's confidence is beginning to develop and his tension has to some extent been reduced an attempt to guide the patient out of "psychic narrowings" can be made. For example an attempt to restructure the patient's "fractional" attitude toward sex could be discussed. By weakening his pursuit of primitive fulfillment, by weakening his egocentrism, the patient may come to understand the needs of his sexual partner and to comprehend and achieve total sexual fulfillment.

To lead the patient out of these "psychic narrowings" the psychotherapist would also attempt to develop certain dynamisms. The dynamism the patient has which is a function of self-preservation would be "disquietude about oneself". An attempt should be made to elaborate and develop this dynamism to the more developed dynamism of "disquietude towards oneself", a dynamism which is concerned with development and self-perfection rather than stability and preservation of the present state of existence.

The psychotherapist would also attempt to develop and change the dynamism of inferiority towards others to a dynamism of inferiority towards oneself. These dynamisms together with the third factor will slowly lead the individual to multilevelness.

Thus therapy for a patient within unilevel disintegration involves a lessening of tension, an establishment of a certain degree of self-control and then the elaboration of developmental dynamisms. Individuals at this level of development are much more suggestive than at later stages in their development. For this reason the psychotherapist is much more responsible for these patients.

In summary, within this paper an attempt has been made to present a new attitude to psychotherapy, a new concept of mental health. Certain

neuroses are not evidence of mental illness, but are symptoms of heightened awareness and sensitivity and can be used as the basis for the development of a mentally healthy individual.