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*POSITIVE DISINTEGRATION AND CONSTRUCTIVE CHANGE IN SCHIZOPHRENIA

TAMARA SOFAIR

OUR psychodynamic concepts about the prognosis of schizophrenia have undergone considerable change in their historical evolution. In 1869 Kraeplin[1] connected three apparently dissimilar syndromes — hebephrenia, catatonia, and paranoia to dementia praecox. These three syndromes had previously been considered completely different illnesses; but he classified them together because, according to him, they were all characterized by "progressive decay." He felt that this disease was caused by either a metabolic disturbance, or a degenerative brain.[2]

Fifteen years later, Bleuler[3] added a fourth syndrome to Kraeplin's classification, namely the simple or acute form. Believing that the disorder could best be characterized as a splitting of the basic functions of the personality, he renamed the illness Schizophrenia. He postulated that the fundamental cause of the syndrome was some yet unknown faulty organic process, and therefore no one could ever become cured of the disease. Even though some acute cases could achieve a socially accepted "recovery," the basic causes of the disease could never be removed.

At about the same time Adolf Meyer advanced an even more daring view.[4] Emphasizing the importance of psychological factors, he claimed that schizophrenia was not a disease entity, "but rather a maladaptation determined by life experiences." He also felt that the patient's lifetime should be analyzed so that contributing factors could be unconvered as to the origins of the disease.

Bleuler and Meyer both divided schizophrenia into chronic and acute forms. In general the chronic schizophrenic was described as becoming disturbed early in life, and showed the typical "four A" symptoms — affect disturbance, autism, ambivalence and associative disorder. In addition, the secondary symptoms such as hallucinations and delusions, confusion, fluctuation of mood, stupor or catatenic rigidity, were quite strong. In contrast, the acute schizophrenic is disturbed for a smaller amount of time, less severely, and displays a minimum of secondary symptoms. In fact, this distinction has been revived today under a new terminological guise, the "process" versus the "reactive" forms.[5] From the therapeutic viewpoint, many psychiatrists and psychoanalysts hold that acute schizophrenics have a better chance for recovery than chronic schizophrenics.

However, Rubins[6] maintains that such distinctions based on evolution are type of onset and outcome have become very unclear. Some acute cases with a seemingly good initial prognosis became chronic cases. Patients who were once relatively healthy in their adjustment and personality have acute psychotic episodes so that the typical prepsychotic personality is not necessarily found. Some acute schizophrenics improve on medication, others from short term psychotherapy or long term analysis. Still others recover from the impact of another traumatic event on their lives. On the other hand, some acute cases do not respond to any of these treatments and become progressively worse. More surprising are recent data showing that even many long term chronic patients also recover.[7]

In 1964, Kazimierz Dabrowski, Professor at the Polish Academy of Science

* From the Department of the Metropolitan Leadership Program, Natural Science, University College of Arts and Science, New York University.

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and Director of the Institute of Child Psychiatry and Mental Hygiene in Warsaw, advanced the theory of positive disintegration.[8,9] This author (and his theory), is not well known in the West because during the Nazi occupation of Poland, psychiatry was a forbidden topic. When Poland turned to communism. Dabrowski's concepts were once again permitted to exist. However, the trading of ideas between east and west was greatly diminished at the same time. Dabrowski postulates that both the biological development and the emotional development of man are characterized by growth and decay, development and destruction. Human behavior is always under the influence of "basic" impulses. These are apparently broader and more inclusive than simple biosocial instincts in the classical psychoanalytic sense. During growth, different impulses become dominant while others weaken and sometimes disappear. For example, as a man matures, many of his primitive instincts and impulses may change or be sublimated. Impulses for self preservation and sexual urges are both sublimated into behavior determined by morals and social ties. It is the "development instinct" which usually overpowers the primitive impulses. External stimuli such as heredity, social environment and the stresses of life all influence this development instinct. Dabrowski further maintains that at any stage of a person's life, the personality structure is unified into a whole; for example, will and intelligence are one. Positive disintegration breaks down this cohesiveness and destroys the existing holistic structure. For a time intelligence and will separate and become independent of basic impulses. "This process causes the will to become more 'free' and the intelligence to change from a blind instrument in service of impulses to a major force helping the individual to seize life deeply, wholly and objectively. In the further development of personality, intelligence and will are again unified in structure, but at a higher level." ... "Thus the development of the personality occurs through a disruption of the then existing integrated structure, a period of disintegration and finally a renewed, or secondary integration... at a much higher level."[10] This disintegration would therefore be necessary for the occurence of any sort of psychic growth.

This theory describes four basic categories of personality. The first, the *Primitive integration type,* consists of a "compact and automatic structure of impulses to which the intelligence is a subordinated instrument."[10] A primitive integrated person is egocentric and does not possess a psychic internal environment. He therefore has no internal conflicts or anxieties. He is so compulsively and tightly integrated that he cannot enter into a higher or lower level.

The *positive disintegrated type* is where the person, through self-consciousness, anxiety and internal conflicts, partially disintegrates to a lower level, but recovers and attains an even higher level of consciousness. The *chronic disintegration type* is where the person experiences all of the disintegration symptoms (nervousness, anxiety, etc.). Yet, he is unable to pull himself together (re-integrate) to reach a higher level of integration. At the same time he does not disintegrate into an integrated psychic level. He thus remains in a constant or (oscillating) state of disintegration. And finally, the pathological or *negative disintegration type* person experiences a psychic breakdown. In this case, his psychic structure will reintegrate at a lower level than where they were previously.

To Dabrowski, the psychopath, a primitively integrated person, is the only type of individual who does not have the potential to disintegrate and then reintegrate positively. For the rest,

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"functional mental disorders are in many cases positive phenomena . . . The symptoms of anxiety, nervousness, and psychoneurosis, as well as many cases of *psychosis,* are often an expression of the developmental continuity. They are processes of positive disintegration and creative non adaption."[10]

In psychosis, the person's environment is so lethal to him, that he does not conform and adapt to it, but rather he creatively builds his own world in order to survive.

Dabrowski recognized the extreme sensitivity, the anxiety, the intensified mental excitability and the psychic immaturity of the Schizophrenic. But he also recognized the schizophrenic's potential for creativity. He stated several times that schizophrenics certainly have a potential to achieve positive disintegration even though actual remission from the condition does not always occur. He emphasized:

"Even when suspecting psychosis, the psychiatrist must refrain from judging the case to be pathological disintegration untill the end of the process. The so-called pathological symptoms — delusions, anxiety, phobias, depression, feelings of strangeness of one self . . . — should not be generally or superfically classified as symptoms of mental disorder or disease since the further development of individuals manifesting them will often prove their positive role in development."[11]

Implicit in the theory is the idea that mental illness is pathological only when the patient's potentials for self realization are not appreciated or the patient's capacity for self help is not realized. Dabrowski sees limitless potential within the individual for achieving the highest goals of moral and ethical achievement.

The theory of positive disintegration has only recently begun filtering into Western psychiatry. The theory itself, as well as its basic underlying assumptions and implications are still accepted only with hesitation. In 1948, Erich Lindeman formulated the "crisis theory."[12] According to this American psychoanalyst, the individual is usually in equilibrium with his environment. However, sometimes an 'emotionally hazardous' situation is encountered which he cannot cope with. During the crisis he will exhibit such symptoms as tension disorganized behavior and anxiety. Lindeman concluded that sometimes the person could overcome this crisis and return not only to his former equilibrium, but even to a healthier and higher integration. However, at other times, he may adopt non-adaptive solutions and reach equilibrium at even a lower level. Lindeman, unlike Dabrowski, did not connect the "crisis theory" to psychotic patients. Lindeman also emphasized that the disintegration or crisis was caused by maturation and change in role relationships, while Dabrowski felt that the disintegration was due to "the instinct of development" which was also influenced by external stimuli.

The view that schizophrenia might be a beneficial experience for personality growth, has been introduced into Western psychiatry by several dynamically-orientated psychiatrists. French and Kasanin[13] suggest that the schizophrenic episode,

"may be a transitional period in the process of emancipation from an old method of adjustment and learning to a new one" . . . (the patient) "may attain a better social adjusment than had been possible before the illness."

Anton Boisen, a psychologist who suffered several acute schizophrenic attacks himself, wrote:

"Acute schizophrenic reactions are not . . . evil, but problem solving experiences! They are attempts at re-organization in which the entire personality, to

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its bottom most depth, is aroused to meet the danger of personal failure and isolation ... The acute disturbance tend either to make or break. They may send the patient to the back wards, there to remain as a hopeless wreck, or they may send him back to the community in better shape than he had been for years."[14]

Or as Menninger[15] put it in 1959: "Some patients have a mental illness and then get well and then they get weller! I mean they get better than they ever were ... This is an extraordinary and little realized truth."

Arieti[16] believes in the positive aspects of schizophrenic disintegration, perhaps to a greater extent than most other dynamic psychiatrists. This derives from his concept of the nature of schizophrenic conflict as a "Progressive teleologic regression." His definition of regression is a return to more primitive levels of functionality. However, the term "teleologic" implies that the regression is purposeful, intended to remove excessive anxiety and to re-establish some kind of psychic equilibrium. It is also termed progressive because it often fails in its purpose and repeats itself. Thus the schizophrenic can keep regressing to even lower levels.[17] Therefore, within this context, there can be several healthy tendencies in schizophrenia.

"The schizophrenic ... rejects the unacceptable. In the desperate attempt to free himself from the unacceptable or from a subservience to a type of life which finally appears worthless, they risk to lose. But even on the verge of defeat they fight, in their blindness they look and search and see strange sights. And we must be with them in this fight."[17]

The schizophrenic thus demolishes and reconstructs. He desperately wants to return, but not to what he left. If he is shown a different life through therapy, he will abandon his old ways. This tendency to reintegrate at a new and different level is one positive aspect. A second quality is that the schizophrenic has freer movements than the other types of patients, even though these may go beyond the confines of reality.

A third healthy aspect in most schizophrenics is the emergence and expansion of potentialities for creativity and productivity.

"He thinks and feels through a primitive and paleologic thought process. This way opens new outlooks; new visions ... When the patient is helped he can use his accessibility to these new forms in ways convergent with those of secondary process mechanisms, in order to expand the latter."[18]

Arieti cites as an example a patient who always used to say that patients were worms. After her recovery, she wrote several beautiful poems in which people were metaphorically referred to as worms crawling on the ground.[19]

A number of American psychoanalysts have been employing in their therapy the concepts of change in a positive, healthy direction arising through or out of emotional illness, without relating these specifically to Dabrowski's theories, although there are similarities. Horney,[20] for instance, had stressed the significance of human constructiveness in therapy. She felt that human beings have an innate potential for growth. "The therapist," she said, "must continually support what is constructive in his patient, while helping him to undermine all that is neurotic and obstructive to the fulfillment of his potential as a unique human being." Horney saw the neurotic structure beginning to develop in childhood as a move for emotional survival in an unhealthy early environment. Self realization was thus not only possible in spite of emotional illness, but could be stimulated and helped by analytic therapy.

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Horney, however, applied this view to the neurotic patient and to the character neurosis which were her main fields of interest. Extending this to other areas, in a round table discussion held in 1966, it was agreed by several analysts who had used her approach that psychoanalysis was still lacking clear concepts of healthy growth, healthy self-acceptance, healthy relationships and healthy sexuality. Going beyond psychoanalysis into community psychiatry, it is only recently that a beginning has been made in stressing the goal of "positive" mental health, and the basic role which mobilization of constructive health promoting forces plays in the patients therapy. Weiss,[21] Jahoda,[22] Rubins[23] and others have emphasized that "health cannot be defined in negative terms, as the mere absence of illness, mental and physical symptoms or the lack of adaptation." Mental health is NOT just peace of mind, happiness of freedom from problems. These are in reality all definitions of sickness. Dynamic mental health means the active striving for self realization.

Dabrowski had already arrived at this conclusion several years earlier:

> "Mental health is the progressive development of the personality; therefore psychic development is the movement towards higher and higher levels of personality functions in the direction of personality ideal."[24]

He even went farther and anticipated R. D. Laing on the question of normality.

> "The question of normality in a person is usually decided on the basis of how similar his personality characteristics are, both in frequency and in force, to the . . . processes most often encountered in a given society. The most frequent and thus 'normal' traits express themselves in the following norms: practical rather than theoretical intelligence, predominantly egocentric . . . attitudes towards society, and preponderance of the self-preservation, sexual, exploratory and social instincts. These traits are commonly in compliance with group thinking and behavior . . . Such a group of normal traits in a person should, according to many, allow us to describe him as mentally healthy. Can we agree? No . . . An appraisal of the mental health of an individual must, therefore, be based on the findings of progressive development in the direction of exemplary values. Most psycho-neurotics are mentally healthy according to this definition. An individual, even a schizophrenic, who has the ability to develop has potential mental health."[25]

Although the theory of positive disintegration can apparently be used for the treatment of schizophrenia. Dabrowski is vague about his techniques for applying it.[26] Perhaps in keeping with his sociopolitical climate in which it was preached, therapy was a process of socialization through such modalities as self-education, auto therapy, and counselling by an advisor during times of particular stress. However, the concept of constructive change and innate tendency toward growth are now being emphasized by several analytically oriented psychiatrists here. For instance, the techniques of Arieti have already been mentioned.

Schacht and Kempsten[27] have also suggested several techniques along these lines.

> "We have found time and time again that we had to obtain patient movement in a constructive direction before the patient could acquire insight into his psychopathology. Initially the patient is too threatened to receive insight into the nature of the illness. Therefore, building and reinforcing the patient's constructive actions gives him something to hold on to so that we can discard some of his negative attitudes."[27]

These authors give and example of how they gained the trust of a patient in this manner. In the beginning of the treat-

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ments the patient would talk of his perverted sexual fantasies. The very intelligent patient, using many medical terms in his discussion, was using the sexual fantasies as a defense. One day the physician

> "remarked that the patient appeared to have a lot of scientific and medical information. This produced a happy smile from the patient and the remark that "my stinking brother and father would never give me credit for any such thing." "[27]

From then on the patient dropped all of the talk on sexual perversion and opened up more about his basic problems. Of course, Schacht and Kempsten recognize the many difficulties of treating schizophrenics by psychotherapy, and emphasize that this is only one technique among several others that they advocate. But they feel it should be stressed with such patients more than most therapists do.

Rubins[28] stresses the importance of growth promoting interpretations of three types during therapy of the schizophrenic patient. Firstly the therapist should call in any talents, abilities or other assets shown by the patient. These include personality traits like "good humor, intelligence; motivational traits like persistence, determination, curiosity; evidence of tasks accomplished well." Secondly, since the patient always has some degree of health in spite of psychosis, — "rationality, self-interest, desire for change can always be appealed to during therapy." Thirdly, the "psychic disintegration of previous personality patterns may permit a re-integration into novel forms of living" — a notion which is similar to Arieti's and Dabrowski's.

The theory of positive disintegration has its strengths and weaknesses. The theory unifies psychopathology with personality development, but at the same time it has loose definitions and concepts. This theory opens new exciting potentials for the cure of schizophrenia. Yet one must not be overly optimistic; a greater amount of clinical data must first be obtained.

FOOTNOTES

1. I wish to thank Dr. Jack Rubins for all of the aid and encourage that he extended.
2. Kraeplin, E.: *Dementia Precox and Paraphrenia,* Livingston, Edinburgh, 1919.
3. Bleuler, E.: *Dementia Precox or the Group of Schizophrenias,* Intl. Univ. Press, NY, 1952.
4. Meyer, A.: "Fundamental Conceptions of Dementia Precox" - in *The Commonsense Psychiatry of Dr. Adolf Meyer* (Lief, A. ed.) McGraw-Hill, NY, 1948.
5. Weiner, H.: "Diagnosis and Symptomatology" - in *Schizophrenia: Review of the Syndrome,* (Bellak, L. ed.), Greene & Stratton NY, 1958.
6. Rubins, J.: "A Holistic Approach to the Schizophrenias:": Part I - *Amer. Journ. Psychoanal 29,* 131, 1969.
7. Bleuler, M.: "A Twenty Year Follow-Up of Two Hundred Schizophrenics" - Lecture, NY Med. Coll., April 1966.
8. Dabrowski, K., *Positive Disintegration,* Little Brown, Boston 1964.
9. Dabrowski, K., *"Personality-Shaping Through Positive Disintegration"* Little Brown, Boston, 1967 (Reviewed in *Amer. Journ. Psychoanal., 125,* 416, 1968).
10. Dabrowski, K. *Positive Disintegration, op. cit.* p. 13.
11. *Ibid.* p. 103.
12. Lindeman, E.: "Symptomatology and Management of Acute Grief" *Amer. Journ. Psychoanal., 101:* 141-148, 1944.
13. French, T. & Kasanin, J., "A Psychodynamic Study of the Recovery of Two Schizophrenic Cases" *Psychoanal. Quart. 10:* 1, 1941.
14. Boisen, A.: quoted in "When Schizophrenia Helps," by Silverman, J., *Psychology Today,* Sept., 1970, p. 62.
15. Menninger, K.: quoted in *Ibid.* p. 62.
16. Arieti, S. ed., *American Handbook of*

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Psychiatry, Vol. I, "Schizophrenia: The Manifest Symptomatology and the Psychodynamic and Formal Mechanism," by S. Arieti, Basic Books, Inc., NY 1959.

17. Arieti, S. "Emphasis On the Healthy Aspect of the Psychotic Patient in Psychoanalytic Therapy," *Amer. Journ. Psychoanal. 26,* 198, 1966.
18. *Ibid.,* p. 200.
19. *Ibid.*
20. Horney, K.: *Neurosis and Human Growth,* Greene & Stratton, NY 1950.
21. Weiss, F.: "Emphasis On the Healthy Aspect of the Patient in Psychoanalytic Therapy" *Amer. Journ. Psychoanal. 26,* 194, 1966.
22. Jahoda, M. *Current Concepts of Positive Mental Health,* Basic Books, Inc., NY, 1959.
23. Rubins, J. "The Changing Role of the Psychoanalyst: Beyond Action For Mental Health," *Amer. Journ. Psychoanal. 27,* 147, 1967.
24. Dabrowski, K., *Positive Disintegration,* Little Brown, Boston 1964, p. 112.
25. *Ibid.* p. 113.
26. Dabrowski, K. *"Personality-Shaping Through Positive Disintegration", op. cit.*
27. Schacht, M. & Kempster, S., "Useful Techniques in the Treatment of Patients With Schizophrenia," *Psych. 16,* 35, 1953.
28. Rubins, J. "A Holistic Approach to the Schizophrenias, Part III, The Therapeutic Approach," *Amer. Journ. Psychoanal. 32,* 1972, (in press).

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