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Chapter 7

Dabrowski's Views on Authentic Mental Health

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The issue of mental health is a central one in Dabrowski's writings. It underlies his theoretical and clinical insights, permeates his theory, and preoccupies his philosophical and personal inquiry. Many titles of his publications explicitly or implicitly reference mental health, and one of his last books published in Poland, still not translated, is titled, not surprisingly, *W Poszukiwaniu Zdrowia Psychicznego* [*In Search of Mental Health*] (1996b).

Dabrowski's interest in defining mental health reflected to a certain degree the spirit of the time. With the expansion of the humanistic trends of psychology in the 1960s and '70s, theoreticians and practitioners spent a considerable amount of effort trying to establish workable criteria for distinguishing what was and was not mental pathology, and trying to define the concept of mental health. These efforts were all but abandoned in the next decade or so, when biologically-oriented models of mental disorder took reign in psychology and psychiatry. Mental health was understood, almost by default, as the absence of mental disorders. Even a cursory search of the term on the Internet and in library databases yields results confirming this observation; mental health has been most commonly defined, directly or indirectly, as non-illness. The National Institute of Mental Health, for example, states that its mission is "reducing the burden of

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mental illness and behavioral disorders through research on mind, brain, and behavior” (2007).

The advent of positive psychology has shifted discussions on mental health away from mental disorder toward well-being and life satisfaction (Seligman & Csikszentmihalyi, 2000). Even though welcome and needed, this change, from a Dabrowskian perspective, in many instances appears to be unilevel in its character, with its (very American) emphasis on the importance of positive feelings and its pragmatic approach to achieving “abundant gratification and authentic happiness” (Seligman, 2002, p. 293). Dabrowski’s unique views, anchored in his concept of multilevelness, are still not widely recognized, much less accepted, in psychology and psychiatry, even though they should be considered a necessary inclusion in any discussion on what constitutes mental health and mental disorder. They are particularly applicable to the gifted and talented population (Mika, 2005), where the most common standards of mental health may not necessarily apply.

In this chapter, I will delineate Dabrowski’s views as presented in his book *W Poszukiwaniu Zdrowia Psychicznego [In Search of Mental Health]* (1996b). There, Dabrowski reviews nine major concepts of mental health in order to compare and contrast them with his own. Following his lead, I will focus on five of these concepts here—those that I believe are the most prevalent in our current thinking—and show how Dabrowski saw his own definition of mental health as different from the established criteria popular in today’s psychology and psychiatry, as well as in society at large.

Mental Health as Absence of Mental Disorders

The first widely accepted concept equates mental health with absence of mental disorders—a view common among lay people as well as mental health professionals. To counteract this position, or more accurately, to modify it, Dabrowski pointed out that many so-called pathological mental states or disorders do not constitute illness but are, in fact, processes necessary for personality development. Such mental states as overexcitability and a majority of neuroses and psychoneuroses are “a necessary condition of clear, multisided development and are one of the basic conditions of mental health, not disorder” (Dabrowski, 1996b, p. 4). The commonly used classifications of mental disorders cannot, in Dabrowski’s view, be seen as decisive criteria of mental health and mental disorder. He agreed that there are certain conditions, such as psychopathy and mental retardation, that are clearly pathological, as they preclude possibilities of multilevel development, but he also warned

against stereotypical diagnosing of many so-called mental disorders as unhealthy, since associated with many of them there are developmental processes of a creative and positive nature.

Even though our classification of mental disorders has changed since Dabrowski's time and we no longer diagnose people with neuroses and psychoneuroses, at least not according to DSM-IV (American Psychiatric Association, 1994), our understanding of what mental disorder is and what it is not has not progressed much. New and different diagnostic labels do not necessarily enrich our knowledge of the etiology, phenomenology, and teleology of conditions considered as mental disorders specifically, and of human psychological suffering in general (Andreasen, 2007). A clinician following Dabrowski's lead needs to adopt a multilevel approach to diagnosis to be able to assess which symptoms and conditions are unilevel and adevelopmental, and thus indeed pathological, and which ones, even though they may appear disordered, express the processes of growth through positive disintegration.

Mental Health as a State of Psychological Integration

The state of psychological integration, where all mental faculties function smoothly without disharmonies or interruptions, is frequently seen as a necessary condition of mental health. "Keeping it together," in the common vernacular, expresses the desired state and the implied strength and goodness of such integration.

Dabrowski disputed this view, reminding us that disharmony and disintegration are at the core of overexcitabilities, as well as developmentally positive forms of neuroses and psychoneuroses, without which multilevel personality development would be impossible. Overexcitability, which is often associated with developmental asynchrony, as well as giftedness and creativity, introduces disharmony and chaos by its sheer presence. However, it also gives rise to developmental dynamisms, which guide and direct accelerated development. As Dabrowski wrote:

[Overexcitability] first provokes conflicts, disappointments, suffering in family life, in school, in professional life—in short, it leads to conflicts with the external environment. Overexcitability also provokes inner conflicts as well as the means by which these conflicts can be overcome. Second, overexcitability precipitates psychoneurotic processes, and, third, conflicts and psychoneurotic

processes become the dominant factor in accelerated development.
(1970, p. 38)

Thus on the one hand, we can observe symptoms suggesting accelerated development in many forms of so-called mental disorders, which are characterized by distinct disintegration. On the other hand, psychopathy, representing integration of mental functions on the lowest level of development—where higher feelings are absent and intelligence is subsumed under low level instincts—precludes development and is contrary to mental health. Yet in many forms of so-called mental disorders, characterized by distinct disintegration, we can observe symptoms suggesting accelerated development.

Being integrated, in the common sense of this term, is also associated with adult psychological maturity, achieved after often tumultuous and disintegrative experiences of adolescence. This maturity is a state desired and promoted by many psychological and psychiatric approaches to mental health and human development, as well as society at large. Psychologically mature, in this understanding, is a person who is capable of adjusting to his or her circumstances, behaves like others, knows what he or she wants, and is independent, reasonable, and understandable to others. However, as Dabrowski pointed out, such a mature person does not reach a higher level of development, only a different developmental phase. This kind of maturity is incompatible with mental health, as it is based on unreflective adherence to low level norms and standards of behavior, which leads to stagnation rather than development.

Many, if not most, highly gifted and creative individuals, especially artists, do not ever achieve maturity as it is understood this way. They remain forever “immature”—naïve; too open; too sensitive; idealistic; romantic; ineffective in their daily functioning; prone to animistic and magical thinking, to extreme expressions of feelings, and to child-like wonder. In short, they are odd and maladjusted by common standards. Dabrowski coined the term “positive infantilism” or “positive immaturity” (1973, p. 153) to describe this kind of immaturity associated with creativity and the capacity for accelerated development, and he listed, among many others, Chopin, Van Gogh, Musset, Slowacki, Kafka, and Shelley as artists who exhibited it in their behavior.

Another argument used by Dabrowski in disputing psychological integration as crucial for mental health has to do with the importance of inner conflicts and frustrations, inherent in positive disintegration, for the

development of the multilevel inner milieu and accelerated personality growth. As Dabrowski observed, it is only when we encounter obstacles and frustrations in realization of our goals and desires that we experience internal and external conflicts, ambivalencies, and ambitemencies. Because of these conflicts, an individual endowed with high developmental potential becomes more introspective, more aware of possible choices, and consequently, more conscious of different levels—higher and lower—in his or her feelings, thoughts, and behavior. In these internally and often externally tumultuous conditions, such an individual “introduces into his life a new controlling factor, where higher feelings [begin to control] the lower forms of the instinctual, emotional and cognitive functions” (Dabrowski, 1996b, p. 7).

We can see, then, that the concept of mental health, when based on psychological integration in its common understanding, is contrary to that postulated by Dabrowski. In his approach, authentic mental health is expressed in the dynamic interplay of disintegration and integration of changing localization and scope. A mentally healthy individual has the capacity to undergo positive disintegration and partial secondary integrations on higher levels of development, which lead, eventually, toward a formation of personality on the level of global secondary integration. Lack of this capacity for multilevel development, observed most vividly in mental and emotional retardation characteristic of primary integration, is antithetical to mental health.

Mental Health as Realism in Perceptions and Thoughts, Effectiveness and Productivity, and Ability to Adjust to Reality

The criterion of cognitive realism, with the associated requirement for effective and productive behavior and the ability to adjust to reality, is frequently encountered in approaches to mental health. Realism, both in one's perceptions and life philosophy, is viewed as a necessary requirement of mental health by many psychologists and psychiatrists such as A. Maslow, K. Horney, M. Jahoda, G. Allport, W. Glasser, T. Bilikiewicz, and others (Sowa, 1984, p. 255), and P. Janet (Dabrowski, 1996b, p. 9).

Dabrowski partially agreed with this view, noting, however, that lack of realism in one's cognitive functions may have a developmentally positive value. He stressed the importance of imagination and intuition in accelerated

development, saying that many internal processes—which may be only loosely, or not at all, based on reality, such as hunches, dreams, imaginary projects and plans, inner doubts, conflicts, excitations, and inhibitions—awaken our creativity and the need for discovery and innovation. The highest levels of creativity do not depend on accurate perceptions of reality; in fact, excessive cognitive realism can stifle both creativity and personality growth.

The requirement of effective and productive behavior as necessary to mental health is, in Dabrowski's opinion, similarly questionable, since it is difficult to assess effectiveness and productivity involved in many of the most valuable human pursuits. While effectiveness and productivity can be easily observed and measured in the material sphere, there are domains of human activity where such evaluations are very difficult, if at all possible. Emotional development and creative work, for instance, may not always result in tangible products, even though the creative processes involved in both may be of the highest intensity and usefulness to the creator, as well as to society. Dabrowski pointed out that artists are often considered ineffective and unproductive, and the value of work they create is frequently dismissed or underestimated by their contemporaries, who apply pragmatic judgments to both the artists and their art. He observed that it is difficult to talk about effectiveness and productivity of geniuses and eminent individuals, and even more so psychoneurotics, who can be engaged in profound spiritual efforts, although to outside observers they appear inept and inefficient.

Evaluating lives of such artists as Vincent Van Gogh, Miguel de Unamuno, or Juliusz Slowacki through the prism of effectiveness and productivity is impossible, Dabrowski believed, without major modifications to our understanding of both of these terms. While he did not reject this particular criterion as useful in defining mental health, he assigned it secondary importance, noting that it needed to be properly understood within the context of a multilevel approach to reality. He noted that most human traits and behaviors associated with effectiveness and productivity are usually, though not always, indicative of stereotypical and undifferentiated adjustment to social conventions and may signify unilevel integration. As such, they are incompatible with accelerated development, which is the expression of authentic mental health, in Dabrowski's view. As he wrote:

Effectiveness and productivity as permanent traits of one's whole character cannot be harmonized with positive and accelerated development, with creativity, with originality. These traits are often

encountered in primitive, stereotypical individuals, exhibiting strong automatic reactions, which are frequently expressive of pathological features. (1996b, p. 14)

Closely related to cognitive realism and effectiveness and productivity as criteria of mental health is the ability to adjust to reality. Dabrowski questioned the most common understanding of this requirement, pointing out that it usually means giving up, to some degree at least, one's views, standards, and ideals in order to fit in with a group and society. As such, this requirement is incompatible with mental health. To describe different variants of an individual's adaptation to society, Dabrowski introduced the concepts of positive maladjustment (maladjustment to lower-level tendencies in one's own behavior and in influences of one's environment) and negative maladjustment (mental illness and disorder), as well as positive adjustment (dynamic adjustment to ever higher levels in the hierarchy of reality, values, and goals, expressed at the fullest in one's personality ideal; adjustment to "what ought to be") and negative adjustment (adjustment to reality, values, and goals of lower levels to the statistical norm; adjustment to "what is").

The criterion of effective adjustment to reality as a sign of mental health is typically, though not always, used to describe negative adjustment, which is based on either uncritical or opportunistic acceptance of social norms and behaviors and which expresses unilevel pragmatism and moral relativism. It is an attitude of compromise, often adopted unreflectively, with the status quo, where an individual lacks the ability to create his or her own inner truth and convictions and easily submits to various ideologies in order to secure status or material gains. Negative adjustment is often associated with effectiveness—understood as the ability to take advantage of changing environmental conditions to accomplish one's goals, such effectiveness manifests a moral and intellectual indifference, and a lack of interest in one's own development, as well as the development of others.

The extreme end of negative adjustment (and negative integration) is expressed in actions of psychopaths, who use their intelligence in the service of primitive drives. They can be both efficient and productive in accomplishing their goals, since in their pursuits they are not encumbered by such disintegrative experiences as doubts, hesitations, inner conflicts, shame, guilt, and empathy for others. They easily adjust to changing external conditions and are cognizant of reality. Oftentimes, they rise to positions of influence and power, brilliantly (or even not so much) taking

advantage of opportunities for personal advancement, which are easily granted in our society to those who impress with their confidence, decisiveness, aggressiveness, effectiveness, and productivity. Dabrowski considered psychopathy to be “the greatest obstacle in development of personality and social groups” (1986, p. 123) and noted that “[our] general inability to recognize the psychological type of [psychopaths] causes immense suffering, mass terror, violent oppression, genocide, and the decay of civilization” (1973, p. 40).

On the other hand, psychoneurotics, who exemplify mental health in Dabrowski's views, are usually impractical and ineffective precisely because of the richness of their inner experiences associated with their accelerated development. Their inner conflicts and doubts, their “overactive conscience,” their ideals and visions of a better world, their moral ruminations and questioning make them appear out of touch with reality. They have difficulties adjusting to changing life conditions, since too often the changes disturb deep ties they form with people and places and are incompatible with their highest values. They may not be skilled in influencing reality in tangible, measurable ways, and so their actions may seem odd or purposeless to average individuals. As Dabrowski observed, “Psychopaths have aims but not values. Psychoneurotics have values but not aims. Personalities have both values and aims” (1970, p. 160).

But even individuals with developed or developing personalities, who “have both values and aims,” may be perceived, by unilevel standards, as eccentric and impotent. Peace Pilgrim's decision to start walking for peace no doubt struck many of her contemporaries as strange, if not insane (Piechowski, 1992b). Brother Albert's extreme devotion to the poor, which led him to abandon a successful artistic career and live in the slums of Krakow while trying to help the homeless find food, shelter, and jobs, was perceived by many as deranged (Mika, 2004). Some criticized Janusz Korczak's choice to accompany “his” children to the gas chamber in Treblinka as foolish (Lifton, 1997). Many eminent artists, among them Michelangelo, Adam Chmielowski (a.k.a. Brother Albert), Francis Bacon, Fra Bartolommeo, Paul Cezanne, and Willem de Kooning, puzzled and exasperated their contemporaries by their seemingly incomprehensible desire to destroy their art. But as Dabrowski pointed out, this desire, far from being pathological, is usually associated with high developmental potential present in creative individuals. It is an expression of two higher-level instincts that arise at a level of positive disintegration—the

instinct of self-perfection, and partial death instinct, which manifest, in individuals striving toward realization of their personality ideal, in a need to destroy or marginalize expressions of their lower-level existence.

These behaviors, though deemed odd or pathological in the eyes of outside observers, represent a strong developmental instinct and oftentimes the highest level of positive adjustment—adjustment to “what ought to be,” to the reality of the highest human values and ideals. This kind of adjustment to different, higher levels of reality is characteristic for individuals engaged in accelerated development, who may lack the desire, energy, and skills to adjust to the norms governing the statistical majority. They are, however, very capable of undertaking arduous, long-term efforts toward transcending limitations of their biological cycle and psychological type, and they can progress—through personal crises, depressions, inner conflicts, and states of inner agony—toward realization of their personality ideal. In these endeavors, they are both uniquely effective and even productive, though it is clear that these terms are not quite appropriate to describe these particular efforts.

In Dabrowski's view, the interplay of positive maladjustment, characterized by rejection of what is primitive, automatic, and harmful in the life of one's group and society, and positive adjustment—to one's ideals and the highest human values—expresses an essential characteristic of authentic mental health of individuals and groups.

Mental Health as Psychological Equilibrium

Psychological equilibrium, a concept popular in biological and some psychoanalytic approaches to mental health, is a state of balance between major forces governing our behavior, which makes adjustment to changing conditions and effective psychological functioning possible. The idea of balance as an optimal and desirable state of psychological functioning finds a lot of support in common wisdom, which advocates the “golden mean” approach to life, characterized by harmony and lack of excess.

As Dabrowski pointed out, this approach reflects a unilevel, phase-based view of human life as centered on activities designed to fulfill biological imperatives without major tensions and upheavals. As such, it is incompatible with the multilevel conception of human development presented in TPD, which posits that creative, authentic, accelerated personality development progresses through inner conflicts, grave emotional experiences, depressions, anxieties, obsessions, inhibitions, and intense

strivings for transcending one's biological cycle and psychological type—through positive disintegration.

Individuals endowed with high developmental potential—with multiple forms of overexcitability, creative talents, and rich inner milieu—are prone to frustrations, conflicts, and tensions, which, by definition, create imbalance in their lives. This imbalance, however, leads to accelerated emotional growth.

Based on everyday observations and clinical studies, we can say that every authentic process of development is based on loosening, or even disintegrating of the primarily integrated attitudes toward our internal and external reality. Inner conflict, which most often is creative in its nature, is coupled with fear and pain; every step toward authenticity is paid for with shocks, sadness, suffering.
(Dabrowski, 1996b, p. 12)

Like integration, psychological balance as a permanent state or disposition is thus contrary to accelerated development through positive disintegration. A prolonged state of psychological balance is symptomatic of either psychopathology, specifically of psychopathy and mental retardation, or, on the highest level of development, of personality. But the latter, secondary balance, is very rarely encountered, in Dabrowski's view. Thus, a state of "moderate imbalance" (Dabrowski, 1996b, p. 13) is a sign of mental health.

Mental Health as Physical, Mental, and Social Well-Being

The criteria of physical, mental, and social well-being are so frequently used in conceptualizations of mental health that they have become an inextricable part of the reigning myth of normalcy, especially popular among mental health professionals in the United States. Sowa, in her discussion on cultural roots and implications of mental health concepts used by psychiatrists, calls this particular myth a "flatly hedonistic superstition" (Sowa, 1984, p. 206).

As Dabrowski observed, definitions of mental health based on an individual's well-being fail to account for the fact that a state of well-being and happiness is often incompatible with the most significant human experiences, such as inner conflicts, hesitations, pain and suffering—both physical and mental—experiences of loss, grief, deepest empathy, or even creativity. In his opinion:

...sadness and depression create more of the deepest values than self-satisfaction and psychological contentedness. There cannot be great creativity without tragedy; there would not be any moral reforms and deepest forms of empathy without experiencing sadness, depression, inner conflicts, misunderstandings, and at times even agony. (1979b, p. 262)

Thus, according to Dabrowski, mental health definitions that emphasize overall well-being promote a constant and negative adjustment to lower levels of reality and do not acknowledge the reality of higher feelings and values, which is always associated with anxieties and worries, depressions, and suffering. Instead, they stress mental and physical balance, hedonism, and conformism, and they fail to include developmental and hierarchical aspects of mental health.

Dabrowski noted that periods of well-being in individuals engaged in accelerated development occur only after conquering multiple difficulties and associated states of positive maladjustment—existential fears and depressions, feelings of guilt, and experiencing a sense of tragedy inherent in human life. In individuals capable of accelerated growth, complete states of well-being occurring on higher levels of development are rare and fleeting. “An individual who is developing must feel badly in different periods of time, must be tormented by sadness, anxiety, depressions, inner and external conflicts. Without these experiences there is no development, there is no growth of self-awareness” (Dabrowski, 1996b, p22). Prolonged periods or more permanent states of well-being are characteristic for people with diminished sensitivity toward themselves and others, and to the existential realities of human life in general.

Prolonged periods of well-being, as Dabrowski wrote, occur rarely and typically are found in individuals with low developmental potential. “An individual who is developing must feel badly in different periods of time, must be tormented by sadness, anxiety, depressions, inner and external conflicts. Without these experiences there is no development, there is no growth of self-awareness” (1996b, p. 22). Dabrowski also pointed out that states of physical, mental, and social well-being do not necessarily coexist in individuals capable of advanced development. He noted that many clearly pathological conditions, such as psychopathy and organic brain damage, are characterized by physical but not mental health. He also listed examples of persons who, even though incapacitated by either a physical defect or grave illness, exhibited a high level of mental health. In his

view, the combined state of physical, mental, and social well-being is not encountered in people who exemplify authentic mental health.

The current conceptualizations of mental health maintain the “flatly hedonistic superstition,” even though their proponents attempt to distinguish between the hedonic sense of “feeling good” and positive functioning (Keyes, 2002). By doing so, they allow the possibility that positive feelings may not be enough to signal mental health and that positive human functioning may coexist with unhappy feelings and physical problems. However, this is still far from acknowledging that difficult experiences, commonly considered as negative or pathological, are part and parcel of mental health and its necessary component. The prevalent ideas of what constitutes mental health, especially as espoused by the positive psychology, along with the stress on “doing good,” strongly emphasize the importance of positive feelings and freedom from symptoms of mental disorders (Seligman, 2002). In this respect, they fall short of the breadth and depth presented in Dabrowski’s concept of mental health.

Dabrowski’s Concept of Mental Health

Dabrowski’s concept of mental health stresses its dynamic, multi-sided, hierarchical, and teleological aspects. According to his definition, mental health is “the capacity for development toward multidimensional understanding, experiencing, discovering, and creating ever higher hierarchy of reality and values up to the concrete individual and social ideal” (1996b, pp. 22-23). Thus, in Dabrowski’s understanding, mental health is not a state but a process; it is more or less continuous psychological growth characterized by attempts at transcending limitations of one’s biological cycle and psychological type. This multilevel, multisided development proceeds through positive disintegration and partial secondary integration toward global secondary integration on the personality level, and it encompasses all essential psychological functions—instinctual, emotional, and intellectual, as well as moral, aesthetic, and social values in their multilevel manifestations. Personality is the ultimate goal and result of development through positive disintegration.

Dabrowski described three types of development: (1) average, based on a low development potential; (2) one-sided, based on one strong talent or particular set of skills; and (3) accelerated, which is associated with high developmental potential. Accordingly, he discussed mental health of average people, eminent individuals, and personalities (or individuals engaged

in accelerated development), as those three groups represent the three types of developmental potential.

Mental health of average people is characterized by relatively easy adjustment to changing life conditions (i.e., negative adjustment). If occasional periods of maladjustment occur in these individuals' lives, they are not very intense, do not last long, and usually do not leave a lasting mark on their psyche. Average individuals are, in general, efficient, effective, and productive in their activities, are capable of overcoming difficulties, and focus on meeting their basic needs. Among their life goals are usually a successful career, material wealth, high social status, and a degree of influence over others. Their emotional lives are characterized by balance; if they experience sadness or depression, for example, these experiences tend to be moderate and do not lead to self-transformative efforts. Their spiritual lives are consistent with their social norms and are typically defined by stereotypical religiosity.

Eminent individuals exhibit a strong desire for realization of their particular talents and related ambitions. Their psychological growth is limited to one-sided development of the talent and life domains associated with its realization. In their psychological makeup, we can observe sometimes significant developmental discrepancies within and among certain functions. This is especially evident when the leading talent or set of special abilities is related to mathematics, physics, technical abilities, or politics. These individuals, as Dabrowski observed, typically exhibit little or no desire to awaken and develop their inner milieu, and are not interested in self-transformation. They may show lack of empathy in their relationships with others, and sometimes even aggressiveness with tendencies to cruelty. They are at little, if any, risk for mental disorders.

Individuals engaged in accelerated development, or functioning on the level of personality, exemplify hierarchical, multisided, and multilevel mental health, which is an expression of their multidimensional growth. They are focused on development of their own inner psychic milieu and help others in similar efforts. They are devoted to realization of the ever-higher hierarchy of values and show strong strivings toward growing and strengthening of underdeveloped parts in their personality. They exhibit signs of increased psychic excitability—especially emotional, imaginal, and intellectual—in addition to tendencies toward transcending their biological life cycle and psychological type, as well as stereotypical approaches to different areas of life such as education, sociology and psychology,

psychopathology, and philosophy. Their life history is full of difficult experiences associated with their need for inner psychic transformation and self-perfection. These experiences most often include neuroses and psychoneuroses, which express their strivings toward ever fuller understanding, discovering, and creating of a higher reality. Their attitudes toward themselves and others are based on clear perceptions of their concrete personality ideal in its individual and social essence.

From the above descriptions, it is obvious that only the last group—personalities or individuals developing toward personality level through positive disintegration—represent authentic mental health, understood by Dabrowski as multilevel, multidimensional, and accelerated personality growth. Admittedly, by these standards, only a small group of people would qualify as mentally healthy—those few gifted individuals endowed with high developmental potential who function on higher levels of development. The overwhelming majority of society falls short of the standards of authentic mental health. Dabrowski concurred with this observation and noted that society at large would not be able to develop and gain a higher level of mental health if it did not have the clear, concrete hierarchy of values exemplified by lives of the few, who can be seen as models of “what ought to be.” These individuals, through their own concrete life examples, show possibilities that awaken and stimulate development—and mental health—of their group and society. The majority of people possess some degree of developmental potential, manifested in their sensitivity, individual talents and special abilities, and more or less developed beginnings of self-awareness and inner milieu. That potential, as Dabrowski wrote, can be developed, and exemplars of advanced development play a crucial role in this process.

Conclusion

Dabrowski's theory of positive disintegration and his unique concept of mental health provide an excellent model of human development in both its disordered, average, and exceptional aspects—a model that is particularly applicable to assessment and therapy of gifted and creative individuals. As Dabrowski argued, the unilevel criteria of mental health and mental disorder prevalent in psychiatry and psychology are insufficient and often inadequate when considered in the context of human strivings for emotional, moral, and spiritual development in the context of multi-level, multidimensional reality of human lives. His ideas on the role of

positive disintegration in development and mental health fill this void. He cautioned against using unilevel criteria, such as narrowly understood usefulness and effectiveness, to evaluate multilevel phenomena, particularly creativity, personality growth, and mental health. He reminded us that intense experiences, including states of ecstasy and rapture, depressions and dissatisfaction with oneself, inhibitions, maladjustment to “what is,” and strivings to achieve “what ought to be,” are characteristic of many artists, scientists, social reformers, and saints, as well as all individuals with any developmental aspirations.

These states—which are clearly far from psychological balance, integration, and well-being and would not be seen as expressive of mental health if judged by the prevalent criteria—stimulate efforts at self-transformation and are essential components of developing individuals’ inner lives. They also serve as examples of developmental possibilities and authentic mental health for groups and societies.

We cannot label such experiences as mentally unhealthy without depriving ourselves of what is a uniquely human and perhaps the most valuable aspects of our existence. By pathologizing disintegrative experiences associated with creativity and self-transformation, we stigmatize individuals undergoing accelerated growth and add to their burdens rather than help relieve them. We also reduce the possibility of advancing our society from the flatland of hedonic complacency that it inhabits toward higher levels of development, or at least toward their acknowledgment and appreciation. In addition, by promoting unilevel standards of mental health, we make it possible for psychopathic individuals to achieve power and prominence, which they use destructively in pursuit of their primitive and often inhumane goals.

Dabrowski’s theory of positive disintegration offers a promising alternative to today’s limited notions of what mental health is. While it may be “positively infantile” to hope that a psychological theory would change the world, one can imagine that adopting Dabrowski’s insights would contribute to re-evaluating our notions of mental health and pathology and go a long way toward more authentic assessment of both.