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Positive
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Kazimierz Dabrowski, M.D., Ph.D.

Edited and with an Introduction by Jason Aronson

**POSITIVE
DISINTEGRATION**

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PREFACE

During the past thirty years the Polish psychiatrist Kazimierz Dąbrowski published over fifty papers and five books on child psychiatry written from the point of view of his “theory of positive disintegration.” But none of this work is known in the United States since there has been little communication between Poland and the West throughout most of this time. Dąbrowski’s theory of positive disintegration emphasizes the positive aspects of “pathological” symptoms and thus it is of special interest to psychiatrists, psychologists, and social workers concerned with problems of personality development, psychotherapy, and community mental health.

In my work as Editor of the *International Journal of Psychiatry*, I became familiar with Polish psychiatry and with Doctor Dąbrowski’s theories. I am pleased to be able to introduce them to Western readers.

Several of the chapters in this book appeared in Polish, French, and Spanish journals, and other were lectures delivered in Polish. This is their first appearance in English. An initial translation was prepared by Doctor Dąbrowski’s assistants in Warsaw; he and I then reviewed it to clarify the content for Western readers. As this material was originally written from a more theoretical point of view than that usually presented in the West, there were no clinical examples, but for this edition Doctor Dąbrowski added a number of clinical illustrations of his concepts and several case histories.

J. A.

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INTRODUCTION 1

by JASON ARONSON

Contemporary theories of personality derive from a broad range of sources and are the concern of many academic disciplines: clinical psychiatry, psychology, cultural anthropology, sociology, genetics, and philosophy. This is inevitable, for personality theory is concerned with the nature of man and his relation to the world, a subject broad enough to include all of human endeavor. The scientific understanding of personality calls for vigorous confrontation of theory with widely diverse data. Since immediate clinical needs require us to extrapolate beyond what is rigorously validated, it is crucial that conventional patterns of thought be confronted with different theoretical orientations. Kazimierz Dąbrowski's theory of positive disintegration is outside the current modes of personality theory; it stems from sources at present neglected in the United States, it views "pathological" symptoms as generally positive factors in personality growth, and it was developed in Poland, a country that has been largely isolated from the West in recent decades.

September 1, 1939, is the date of the invasion of Poland by Nazi Germany and of the systematic attempt by Hitler to obliterate Poland as a nation. During the German occupation no practice of psychiatry was permitted. As part of an attempt to eliminate all Polish cultural life, Polish schools

¹ This work was supported in part by Public Health Service Research Grant No. MH-07791-03 from the National Institute of Mental Health.

were closed and Polish intellectuals exterminated. Most Polish psychiatric patients and psychiatrists were killed. Of the four hundred Polish psychiatrists practicing before the war (about ten of whom were psychoanalysts) only thirty eight survived. No psychoanalyst has been in practice in Poland since 1939.

With the establishment of the Polish Democratic Republic after the war, Poland was placed under the Soviet sphere of influence. Medical and psychiatric services were socialized, and clinical psychiatry was officially oriented to Pavlovian concepts. Thus the isolation from the West, which began with the German invasion, continued. Since 1956 there has been a gradual resumption of cultural relations with the West and a revival of interest in Western developments in many areas, including psychiatry and sociology.

KAZIMIERZ DĄBROWSKI

Dąbrowski is a professor in the Polish Academy of Science and the Director of the Institute of Children's Psychiatry and Mental Hygiene in the Academy. Born in 1902, in Lublin, Poland, he received his M.D. at the University of Geneva Medical School in 1929 and a Ph.D. in experimental psychology from the University of Poznan in 1932. He was a *Privat Docent* in child psychiatry in 1934 at the University of Geneva.

He studied psychology and education in Geneva in 1928 and 1929, with Édouard Claparède and Jean Piaget, obtained psychoanalytic training and analysis in 1930 in Vienna, Austria, under Wilhelm Stekel, and had additional training

in clinical psychology and child psychiatry in Paris and Boston. In 1931 he studied child psychiatry in Paris under George Heuyer at Vaugirard and attended the lectures of Pierre Janet at Claude. From 1933 to 1934 he studied under Macfie Campbell, Director of the Boston Psychopathic Hospital, and William Healy, the first Director of the Judge Baker Foundation.

From 1935 to 1948, 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, which had been organized with the aid of the Rockefeller Foundation.

He is the author of over fifty articles in psychiatry, mental hygiene, and clinical psychology, published in Polish, French, German, and Spanish. Among his books are *Handbook of Child Psychiatry*, *Handbook of Mental Hygiene*, *Nervousness in Children*, and *Positive Disintegration*—all of them in Polish. This is the first translation into English of Dąbrowski's theory of positive disintegration.

HISTORICAL BACKGROUND OF THE THEORY

The roots of this view of personality, which give prominence to the positive aspects of psychiatric symptoms, may be traced to the concepts of the evolutionary development of the central nervous system of Hughlings Jackson, the English neurologist, to the concept of growth of the Polish psychiatrist, Mazurkiewicz, and to the work in child development by Jean Piaget, the Swiss psychologist.

Hughlings Jackson's concepts of evolutionary development, hierarchical levels, and dissolution of the central nervous system, largely neglected in psychiatry in the United States, have not suffered this fate in Europe. In recent years Henry Ey in France, Von Monakow in Switzerland, and Jan Mazurkiewicz in Poland have extended Jackson's concepts of evolution and dissolution into psychiatry. Henry Ey has applied them to the psychology of normal individuals. (For example, sleep and reverie are viewed as forms of normal dissolution.) Von Monakow has utilized Jackson's theories in his contributions but has also introduced many additional concepts: *klisis* (movement toward objects), *ekklisis* (movement away from objects), and *syneidesis* (biological synthetic power in humans and animals). Von Monakow has emphasized the interpretation of psychiatric symptoms from the point of view of changes over time.

Mazurkiewicz, who died in 1948 in Warsaw, was the outstanding Polish psychiatrist in the field of Pavlovian psychiatry and was also a neo-Jacksonist. He emphasized qualitative changes in the development of the nervous system and the significance of emotions as directing forces. Mazurkiewicz emphasized that besides strictly mechanical determination of the activity of the nervous system there are the so-called *own* forces found in lower animal organisms but more noticeably in humans. He called these forces *own* because he regarded them as not limited to proportionate responses to excitation—as more than simple reflexes to a stimulus. Through the study of chronaxie, and electroencephalographic, neurologic, and psychiatric examinations, he arrived at the view that in synapses, in the thalamic area, and especially in the frontal lobes, the activity of the nervous—

system is quantitatively and qualitatively transformed. He regarded instincts and emotions as directing forces in animals and human beings and as also being involved in the conditioned reflexes of Pavlov: unless you have the animal's interest, you cannot condition him—if the dog is not hungry, he cannot be conditioned to salivate at the sound of a bell.

Jean Piaget, Director of the Institute of the Science of Education (Jean Jacques Rousseau Institute) in Geneva, has studied the development of reasoning and speech in children. He emphasizes many forms and states of development—prelogical, logical, mathematical, and other kinds of thinking in the child. His concern has been primarily with developmental psychology and with the influence of social environment on this development. He considers development a gradual unfolding of abilities in the child.

Dąbrowski extends Hughlings Jackson's theory of evolutionary development of the central nervous system to the psychological development of the personality. Like Mazurkiewicz, he places emphasis on self-determination and he incorporates Piaget's views of the progressive unfolding of abilities. He stresses, however, the positive function of conflict, anxiety, and psychopathological symptoms.

THEORY OF POSITIVE DISINTEGRATION

Dąbrowski refers to his view of personality development as the *theory of positive disintegration*. He defines dis-

integration as disharmony within the individual and in his adaptation to the external environment. Anxiety, psychoneurosis, and psychosis are symptoms of disintegration. In general, disintegration refers to involution, psychopathology, and retrogression to a lower level of psychic functioning. Integration is the opposite: evolution, psychic health, and adequate adaptation, both within the self and to the environment. Dąbrowski postulates a developmental instinct: that is, a tendency of man to evolve from lower to higher levels of personality. He regards personality as primarily developing through dissatisfaction with, and fragmentation of, the existing psychic structure—a period of disintegration—and finally a secondary integration at a higher level. Dąbrowski feels that no growth takes place without previous disintegration. He regards symptoms of anxiety, psychoneurosis, and even some symptoms of psychosis as the signs of the disintegration stage of this evolution and therefore not always pathological.

DĄBROWSKI'S ESSAYS

In the first chapter, concerning the general theory of positive disintegration, Dąbrowski presents the concept of the instinct of development and describes the processes of positive disintegration and secondary integration. In positive disintegration (in contrast to negative disintegration) the individual has a high level of intelligence and creativity, the symptoms arise during periods of developmental crises or of extreme stress, both insight and a capacity for emotional closeness

are present, the whole person is involved rather than merely narrow symptoms which do not arouse the individual's concern, and there is a balance of retrospection and prospection. These criteria are strikingly similar to those that a Western psychiatrist would use to determine suitability for psychotherapy.

In the original form of these essays, which were written in a cultural orientation unfamiliar to American psychiatrists, there was no illustrative clinical material. Dąbrowski has added an occasional clinical example illustrating his concepts and several case histories, of which two, *Ella* and *Jan*, appear at the end of the first chapter. In both cases the psychiatrist intervenes in the patient's life situation: in the first by talking with and making suggestions to Ella's teacher, in the second through a discussion with the dean of Jan's school and by arranging a meeting between a social worker and the young lady with whom Jan was "in love," but with whom he had been too shy to indicate his interest. Except in the case of the child, an American psychiatrist is likely to regard these arrangements as being the responsibility of the patient himself. The interventions seem to arise from Dąbrowski's concern that the patient handle these particular crises successfully. As his final sentence has it, "psychotherapy is multidimensional aid in overcoming . . . a crisis." The case histories illustrate Dąbrowski's view of symptoms as signs of positive development, and what may be described as the sociological (or supportive or manipulative, or paternalistic) aspect of his therapeutic approach.

In Chapter 2, "The Principal Dynamics of Multilevel Disintegration," Dąbrowski describes various aspects of dissatisfaction with oneself. He extensively utilizes the concept

of “self,” which has been largely ignored in psychoanalytic theory. Initially, Freud used the self concept of “ego ideal,” but later he dropped this in favor of “superego.” In recent years Erik Erikson, in his conceptualization of developmental stages and of “identity” described in his books *Childhood and Society* and *Identity and the Life Cycle*, has returned to the area of “self.”

In Chapter 3, “The Feeling of Inferiority Toward Oneself,” Dąbrowski describes the self as a hierarchy of levels with the possibility of conflict. He regards this conflict (the feeling of inferiority toward oneself) as generally playing a positive role in personality development, distinguishing it from Adler’s concept of inferiority, which emphasizes the comparison of self with others. Dąbrowski considers the development of self–self-awareness, self-control, and self-criticism—as important in development as the influence of heredity and environment. Moreover, since he thinks of the developed self as largely independent of these other two factors, he describes it as a *third factor*. In Chapter 4, he describes the role of this third factor in the development of personality.

In “Remarks on Typology” there is a description of character patterns based on the theory of positive disintegration. Chapter 6 contrasts psychopathy and psychoneurosis. Dąbrowski regards psychopathy as a strong primitive integration type with few or no neurotic symptoms and no capacity for development and psychoneurosis as a positive disintegration type with many symptoms and considerable capacity for personality development.

In “Jackson’s Theory and Positive Disintegration” Dąbrowski outlines Jackson’s theory of evolution, Mazurkiewicz’s concepts of development, and the similarities and

differences of the work of both men in comparison with his own theory of positive disintegration. Primarily, Dąbrowski feels that symptoms of disintegration are necessary factors in development.

In “Positive Disintegration and Child Development” the implications of the theory in the development of normal and neurotic children are discussed. Infancy is viewed as an integrated period, with disintegration being manifested during developmental crises.

In “Mental Health as the Progressive Development of Personality” Dąbrowski joins Kurt Goldstein, Erich Fromm, Abraham Maslow, Carl Rogers, and Gordon Allport, who define mental health in terms of development and growth. This idea of mental health as a continuing progressive process has been described by such terms as *becoming*, *self-realization*, *self-actualization*, *growth motivation*, *extension of self*, and *realization of potential*.

Like Thomas Szasz, author of *Myths of Mental Illness*, Dąbrowski rejects the medical model of “illness” for psychiatric disorder. Szasz’s definition of psychiatric disorder as “disturbances in patterns of living” is congenial to Dąbrowski’s point of view, but Dąbrowski regards slight psychiatric disorders as necessary for personality development and would not consider them wrong patterns.

EMPIRICAL AND CLINICAL EVIDENCE

A theory must be able to provide a logical framework for the explanation of a broad range of data. Dąbrowski relates his concepts to a variety of empirical data, everyday obser-

ventions, and clinical experiences. First, psychological examination of normal children in Warsaw public schools who were judged by their teachers to be above average in intelligence and well adapted has shown that about 80 per cent have different symptoms of nervousness and slight neurosis such as mild anxiety, phobias, inhibitions, slight tics, and various forms of overexcitability. Dąbrowski regards this as evidence that psychiatric symptoms are frequent in children who have a high potential for development. Second, in normal development greatest personality growth occurs during periods of greatest psychological upheaval, for example, during puberty—evidence that anxiety and nervousness can be accompanied by accelerated development. Third, severe environmental stress often may, in producing psychological crises, contribute to creativity and growth—evidence that situations of stress can precipitate development. Finally, in highly creative persons periods of psychological disharmony are often present and related to their creativeness—evidence of the positive correlation between creativity and different states of disintegration.

WESTERN APPROACHES TO CONFLICT

In the West the most broadly accepted theoretical model of intrapsychic conflict and symptom formation is that of psychoanalysis. Early in its development, psychoanalysts regarded frustration as negative and they encouraged extreme permissiveness in child rearing. But it was soon recognized that experience with conflict was an essential part of growth;

either extreme conflict or complete absence of conflict led to psychological difficulties.

Psychoanalysis emphasizes the disequilibrium among id, ego, and superego, which may lead to symptom formation, to new or strengthened defenses, or to growth. It tends to see reality largely as a screen on which one projects inner conflicts. Two American psychoanalysts, Erich Lindemann and Erick Erikson, have particularly concerned themselves with the social and psychological aspects of development.

ERICH LINDEMANN

Erich Lindemann, whose contributions to psychosocial understanding have come to be known as “crisis theory,”² describes the individual as normally in a state of equilibrium in relation to this environment. Occasionally he meets a situation which he is unable to handle with his usual homeo-

2 Lindemann describes his concepts in:

1. Symptomatology and management of acute grief. *Amer. J. Psychiat.* 101:141-148, 1944.
2. Preventive intervention in a four-year-old child whose father committed suicide. (With W. Vaughan and M. McGinnis.) In *Emotional Problems of Early Childhood*, G. Caplan (ed.). New York: Basic Books, Inc., 1955, pp. 5-30.
3. Psycho-social factors as stressor agents. In *Stress and Psychiatric Disorders*, J.M. Tanner (ed.). Oxford, England: Blackwell Scientific Publications, 1960. pp. 13-17.
4. Preventive intervention in individual and family crisis situations (With D. Klein.) In *Prevention of Mental Disorders in Children*, G. Caplan (ed.). New York: Basic Books, Inc., 1961. pp. 288-397.

static methods and becomes emotionally upset. An *emotionally hazardous situation* (or emotional hazard) is a sudden alteration in the field of social forces within which the individual exists, such that his expectations of himself and his relationships with others are changed. Examples are the loss of a significant relationship, the introduction of new individuals into the social orbit and the transition in role relationships through beginning adolescence, and the facts of marriage and job promotion. *Crisis* refers to the acute disturbance that may occur in an individual as a result of an emotional hazard. During a crisis the individual shows increased tension, unpleasant affect, and disorganized behavior. His attempts at solution may end in his returning to his former psychic equilibrium or may advance him to a healthier integration. However, if the problem has been beyond his capacity to handle, he will show nonadaptive solutions and will have restored equilibrium at a lower level of integration. Lindemann emphasizes the importance of significant persons in the individual's life during the time of a crisis. Even minor influences of a significant person at this time may determine the outcome of the crisis in one direction or another. In the course of life, all people have experienced many such crises, the outcome of which has determined their personality, their creativity, and their mental health.

What Lindemann describes as "crisis" (increased tension, unpleasant affect, and disorganized behavior) is termed "symptoms of disintegration" by Dąbrowski, who feels that, although this process may have either a positive or a negative result, in the vast majority of cases the outcome is positive. Dąbrowski sees a negative outcome only when the environ-

mental situation is very unfavorable or when there is a severe physiological process present.

In the description of emotionally hazardous situations, Lindemann emphasizes an alteration in the field of social forces. The press of maturation is seen as causing an emotional hazard through effecting a change in role relationships. Dąbrowski hypothesizes an internal disposition to development: the instinct of development. He regards external hazards as stimuli to the activity of this tendency and, therefore, in general advantageous to personality development. If the instinct of development is strong, he feels that emotional hazards always have favorable consequences.

The similarities between Lindemann's crisis theory and Dąbrowski's theory of positive disintegration are striking, but not surprising when one recognizes that both men have been concerned with similar problems in preventive psychiatry. Lindemann, Psychiatrist-in-Chief, Massachusetts General Hospital, has been involved with problems of community health in the Mental Health Services of his hospital and at the Wellesley Human Relations Service, which he organized in 1948. Dąbrowski, who organized the Institute for Mental Hygiene in Warsaw in 1935 and is at present Director of the Institute for Mental Hygiene and Child Psychiatry of the Polish Academy of Sciences in Warsaw, has been dealing with the same problems.

ERIK ERIKSON

Erik Erikson, in his theoretical contributions to ego psychology, has described specific conflicts in different stages

of psychosocial development.³ He distinguishes eight stages of psychosocial development, indicating specific nuclear conflicts for each stage. The outcome of the first crisis, which occurs in early infancy, determines whether the individual's inner mood is characterized by Basic Trust or by Basic Mistrust. Erikson regards this outcome as depending largely on the quality of maternal care. The second stage is the crisis of Autonomy vs. Shame—whether the individual is to be characterized by a sense of autonomy or by a sense of shame. The third conflict, part of what Freud has described as the Oedipus complex, is Initiative vs. Guilt. It depends on the resolution of affectionate feeling toward the mother and competitive feelings toward the father. The fourth crisis arises in the child's learning and collaboration with others. Its outcome determines the relative strength of his sense of Industry as compared to his sense of Inferiority.

The fifth stage, the identity crisis, has been the focus of Erikson's attention. He defines ego identity as the accrued confidence that one's ability to maintain inner sameness and continuity is matched by the sameness and continuity of one's meaning for others. This search for integration

³ Erikson's concepts are developed in numerous publications. The major ones are:

1. Ego development *and* Historical change. In *The Psychoanalytic Study of the Child*. New York: International Universities Press, 1946.
2. *Childhood and Society*. New York: W. W. Norton & Company, 1950.
3. *Young Man Luther*. New York: W. W. Norton & Company, 1958.
4. *Identity and the Life Cycle*. New York: International Universities Press, 1959.

involves a recapitulation of earlier battles. “A lasting ego identity, we have said, cannot begin to exist without the trust of the first oral stage; it cannot be completed without a promise of fulfillment which from the dominant image of adulthood reaches down into the baby’s beginnings and which, by the tangible evidence of social health, creates at every step an accruing sense of ego strength.”⁴

The sixth stage is Intimacy vs. Isolation. Intimacy refers to the ability to face fear of ego loss and to achieve intimacy in sexual relationships, and close friendships. Generativity vs. Self-absorption is the seventh crisis. By Generativity Erikson means an interest in establishing and guiding the next generation. The final stage of life is the crisis of Integrity vs. Despair and Disgust. Integrity refers to the acceptance of one’s life cycle as something that had to be, the recognition of a sense of order and meaning in life.

Erikson sees human growth “from the point of view of the conflicts, inner and outer, which the healthy personality weathers, emerging and re-emerging with an increased sense of inner unity.”⁵ The solution of each crisis is dependent on the solution of earlier ones. His concepts of ego synthesis and resynthesis in the development of identity are similar to Dąbrowski’s concepts of disintegration and secondary integration in personality development.

Dąbrowski, however, unlike Erikson, has not concerned himself with specific conflicts at various stages of development. He agrees with Erikson on the importance of crisis periods in the achievement of new integrations. He places

4 Erikson, *Childhood and Society*, p. 218.

5 Erikson, Growth and crises of the healthy personality. In *Identity and the Life Cycle*, p. 51.

particular emphasis on the Identity vs. Identity Diffusion conflict which Erikson describes as primary in adolescence. In Dąbrowski's terminology this conflict is described as the arising of self-awareness, self-criticism (the "third factor"), the development of a personality ideal, and a well-organized disposing and directing center.

POSITIVE FUNCTIONS OF PSYCHOSES

Neither Lindemann nor Erikson has written specifically on the positive functions of acute psychoses. That anxiety, even psychoneurosis, may have a positive function in personality development is not inconsistent with current attitudes in Western psychiatry, but that psychoses—the persecutory delusions of paranoia, the hallucinations and withdrawal of a schizophrenic, and the wild hyperactivity of a manic—may play a positive role in an individual's maturation falls strangely on our ears. We tend to view psychosis as a *failure* of defense, the surrender of attempts at adaptation. Yet French and Kasonin some years ago and Bateson recently have suggested that psychoses may have a positive function.

Thomas French and Jacob Kasonin in an article published in 1941⁶ present the hypothesis that a schizophrenic episode "may be a transitional episode in the process of emancipation from an old method of adjustment and 'learning' a new one," and that the patient may achieve on recovery "a better social adjustment than had been possible before the illness."

6 T. French and J. Kasonin. A psychodynamic study of the recovery of two schizophrenic cases. *Psychoanal. Quart.* 10:1-22, 1941.

More recently, Gregory Bateson in a brief introduction to a patient's story of his psychosis⁷ suggests that schizophrenia is a "vast and painful initiation rite conducted by the self," and that it has a definite course to run leading to the birth of a new identity. Both of these papers are congruent with Dąbrowski's emphasis on the positive function of acute psychoses.

STRENGTHS AND WEAKNESSES

Dąbrowski's theory of positive disintegration is interesting—even exciting. The ubiquity of psychological symptoms has always confounded a simple descriptive psychopathological approach to mental illness. Dąbrowski's theory gives these symptoms a role in normal personality development that is consistent with their broad distribution as shown by epidemiological studies and as felt by those aware of the problems of themselves and of those around them. But intellectual excitement is not the best criterion of meaningfulness. What is the scientific status of Dąbrowski's theory of positive disintegration? Is this a fundamental contribution to psychiatric theory? Do his concepts form a more adequate model for personality development than those of other theories?

The answers to these questions depend on more thorough definitions of his concepts than are available in these

⁷ *Percival's narrative: A patient's account of his psychosis 1830–1832*. G. Bateson (ed.). Stanford, California: Stanford University press, 1961.

chapters. The concepts of third factor, disposing and directing center, and unilevel and multilevel disintegration are not precisely defined clinically; their exact meaning is vague. This is not to say that these concepts cannot be defined precisely, only that explicit definition is not achieved in this book.

For example, Dąbrowski 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 according to whose value system is one set of values regarded as at a “higher level of moral and social evolution” than another? When we turn to his clinical use of the concept a broader meaning emerges. In the case of Ella, Dąbrowski says, “There is the gradual formation of the disposing and directing center hindered by the child’s inhibition 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 value; 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 confi-

dence from what he had learned in 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? The answer may lie in cultural relativity. Culture affects all aspects of ego function—perception, motor control, memory, affect, thinking, reconciliation of conflicting ideas, and adaptation to reality. Even within a culture there are sub-cultural (class and ethnic) differences in the perception of reality and the adaptation to it. The concept of a pattern of such functions which moves in a direction regarded as “higher” by other individuals within that culture is possible, even intriguing. 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 for a theory to achieve scientific status. It must show broader explanatory power than alternate theoretical models. As described above, the phenomena conceptualized by Dąbrowski 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 Dąbrowski’s ideas is only hinted at in these chapters. 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 powers, and of its practical implications must be achieved.

The strength of the theory of positive disintegration is in its integration of psychopathology with 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.

I

The Theory of Positive Disintegration

THE ONTOGENETIC DEVELOPMENT OF MAN IS characterized by factors which appear, increase, reach their peak, and then become weaker and even disappear. This growth and decay, development and destruction, increase and decrease, occurs with emotional factors as well as with intellectual ones, with physiological and with anatomical elements.

Human behavior, from birth through development, maturation, and old age, is under the influence of basic impulses. During the process of growth a particular impulse may weaken, some specific functions of the mind may diminish, the importance of one personal goal might decrease and another assume dominance. Even during the reign of a specific factor, a contrary element may appear which first seems to be a minor side path but slowly becomes the

general avenue of development. These diverse tendencies all derive from the biological life cycle.

Throughout the course of life of those who mature to a rich and creative personality there is a transformation of the primitive instincts and impulses with which they entered life. The instinct of self-preservation is changed. Its direct expression disintegrates, and it is sublimated into the behavior of a human being with moral values. The sexual instinct is sublimated into lasting and exclusive emotional ties. The instinct of aggression continues in the area of conflicts of moral, social, and intellectual values, changing them and sublimating itself.

These tendencies and their realization result in deflection and dispersion of the fundamental impulsive forces. The process occurs under the influence of an evolutionary movement which we call the developmental instinct. Stimulated by this instinct the personality progresses to a higher level of development—the cultural human being—but only through disintegration of narrow biological aims. Such disintegration demonstrates that the forces of the developmental instinct are stronger than the forces of primitive impulses. The developmental instinct acts against the automatic, limited, and primitive expressions of the life cycle.

The action which weakens the primitive sets disrupts the unity of personality structure. Thus personality develops through the loosening of its cohesiveness—an indispensable condition of human existence. The developmental instinct, therefore, by destroying the existing structure of personality allows the possibility of reconstruction at a higher level.

In this procedure we find three phenomena which are to some extent compulsory:

1). The endeavor to break off the existing, more or less uniform structure which the individual sees as tiring, stereotyped, and repetitious, and which he begins to feel is restricting the possibility of his full growth and development.

2). The disruption of the existing structure of personality, a disintegration of the previous internal unity. This is a preparatory period for a new, perhaps as yet fairly strange and poorly grounded value.

3). Clear grounding of the new value, with an appropriate change in the structure of personality and a recovery of lost unity—that is, the unification of the personality on a new and different level than the previously existing one.

Transgressing the normal life cycle are new tendencies, goals, and values so attractive that the individual does not perceive any sense of his present existence. He must leave his present level and reach a new, higher one. On the other hand—as described above—he must preserve his unity; that is, he must continue his psychological life, self-awareness, and identity. Thus the development of the personality occurs through a disruption of the existing, initially integrated structure, a period of disintegration, and finally a renewed, or secondary, integration.

Disintegration of the primitive structures destroys the psychic unity of the individual. As he loses the cohesion which is necessary for feeling a sense of meaning and purpose in life, he is motivated to develop himself. The developmental instinct, then, following disintegration of the existing structure of personality, contributes to reconstruction at a higher level.

PRIMITIVE INTEGRATION

Primitive integration is characterized by a compact and automatic structure of impulses to which the intelligence is a completely subordinated instrument. The adaptation to reality in individuals with primitive psychic integration is limited to direct and immediate satisfaction of strong primitive needs. Such individuals either do not possess psychic internal environment or possess it in only its embryonic phase. Therefore, they are not capable of having internal conflicts, although they often have conflicts with their external environment. They are unaware of any qualities of life beyond those necessary for immediate gratification of their primitive impulses, and they act solely on behalf of their impulses. In terms of Hughlings Jackson's hierarchy of levels, they are at an automatic, well-organized, unselfconscious level of evolution. Inhibition occurs only in a limited way. Under severe environmental pressure these individuals show slight forms of disintegration but only temporarily, for when the stress ceases they return to their former primitive posture of adaptation. They are not able to understand the meaning of time; they cannot postpone immediate gratification, and they cannot follow long-range plans but are limited to the reality of immediate, passing feelings. They are capable neither of evaluating and selecting or rejecting environmental influences nor of changing their typological attitude. Individuals with some degree of primitive integration comprise the majority of society. In psychopathology we find that psychopaths very primitive integrated structure.

Nevertheless, the compactness of primitive integration has many variations in degrees of stability and in mutability. In normal persons, primitive structure can be changed with some effectiveness by certain conditions. The structure of the individual may contain stronger or weaker dispositions to disintegration and therefore can be influenced by the stresses and strains of life. These environmental factors which affect the disposition to disintegration determine the active, and in some cases accelerated, development of moral, social, intellectual, and aesthetic culture of the individual and of society.

DISINTEGRATION

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 evolutionary development of personality. The disintegration process, through loosening and even fragmenting the internal psychic environment, through conflicts within the internal environment and with the external environment, is the ground for the birth and development of a

higher psychic structure. Disintegration is the basis for developmental thrusts upward, the creation of new evolutionary dynamics, and the movement of the personality to a higher level, all of which are manifestations of secondary integration.

The effect of disintegration on the structure of the personality is influenced by such factors as heredity, social environment, and the stresses of life.

Loosening of structure occurs particularly during the period of puberty and in states of nervousness, such as emotional, psychomotor, sensory, imaginative, and intellectual overexcitability. The necessity of partial submission of one impulse to the rule of another, the conflicts of everyday life, the processes of inhibition, the pauses in life's activities—all take a gradually increasing part in the transformation of the primitive structure of impulses to a higher development.

Disintegration may be classified as unilevel, multilevel, or pathological; and it may be described as partial or global, permanent or temporary, and positive or negative.

Unilevel disintegration occurs during developmental crises such as puberty or menopause, in periods of difficulty in handling some stressful external event, or under psychological and psychopathological conditions such as nervousness and psychoneurosis. Unilevel disintegration consists of processes on a single structural and emotional level; there is a prevalence of automatic dynamisms with only slight self-consciousness and self-control. The process of decomposition prevails over the process of restoration. In this kind of disintegration, there are no clear and conscious transformational dynamics in the structure of the disposing and direct-

ing centers.¹ Prolongation of unilevel disintegration often leads to reintegration on a lower level, to suicidal tendencies, or to psychosis. Unilevel disintegration is often an initial, feebly differentiated borderline state of multilevel disintegration.

The essence of the process of unilevel disintegration may be shown in the following extract from a diary written by a young male patient who present signs of increased affective and ideational excitability in a period of emotionally retarded puberty:

I cannot understand what has recently happened to me. I have periods of strength and weakness. Sometimes, I think I am able to handle everything and at others a feeling of complete helplessness. It seems to me at some hours or days that I am intelligent, gifted and subtle. But then, I see myself as a fool.

Yesterday, I felt very hostile toward my father and mother, toward my whole family. Their movements and gestures, even the tones of their voices struck me as unpleasant. But today, away from them, I feel they are the only people I know intimately.

I often have sensations of actual fear when watching tragic plays and movies; yet, at the same time, I weep for joy or sorrow at what I see and hear, especially when the heroes mostly lose in their struggles or die.

I often have thoughts full of misgivings, anxiety, and fear. I feel that I am persecuted, that I am fated. I have a trick of repeating phrases, like a magic formula, which drives out these obsessive thoughts. At other times, I merely laugh at such notions; everything seems simple and easy.

I idealize women, my girl friends, mostly. I have feelings

¹ The disposing and directing center is a set of dynamics determining the course of the individual. It can be at lower, primitive levels of development or at higher levels of moral and social evolution.

of exclusiveness and fidelity toward them, but at other times I feel dominated by primitive impulses.

I hate being directed by others, but often I feel no force within me capable of directing my actions.

We see here considerable instability of structure and attitudes, lack of a clear hierarchy of values, lack of signs indicating the “third factor”² and the disposing and directing center in action.

In multilevel disintegration there is a complication of the unilevel process by the involvement of additional hierarchical levels. There is loosening and fragmentation of the internal environment, as in unilevel disintegration, but here it occurs at both higher and lower strata. These levels are in conflict with one another; their valence is determined by the disposing and directing center, which moves the individual in the direction of his personality ideal. The actions of multilevel disintegration are largely conscious, independent, and influential in determining personality structure. They are based, in their development, on the psychic structure of the individual and on the arousal of shame, discontent, and a feeling of guilt in relation to the personality ideal. In multilevel disintegration the mechanism of sublimation makes its appearance; this is the beginning of secondary integration.

2 The “third factor” along with the factors of heredity and environment, determines the maturation of a man. It arises in the development of the self, selecting and confirming or disconfirming certain dynamics of the internal environment and certain influences of the external environment. Its presence is evidence of a high level of personality development.

Multilevel disintegration is illustrated in the following extracts from the diary of a young student training to become a teacher:

For several years, I have observed in myself obsessions with thinking, experiencing and acting. These obsessions involve my better and worse, higher and lower character. My ideals, my future vocation, my faith to my friends and family seem to be high. Everything that leads me to a better understanding of myself and my environment also seems high, although I am aware of an increased susceptibility for other people's concerns which cause me to neglect or abandon "my own business." I see the lower aspects of my character constantly in my everyday experiences: in decreased alertness to my own thoughts and actions, a selfish preference for my own affairs to the exclusion of other people's, in states of self-satisfaction and complacency . . . a desire to just "take it easy."

Also, I see my lower nature expressed in a wish for stereotyped attitudes, particularly in regards to my present and future duties. Whenever I become worse, I try to limit all my duties to the purely formal and to shut myself away from responsibilities in relation to what goes on about me. This pattern of behavior makes me dejected. I am ashamed of myself; I scold myself. But I am most deeply worried by the fact that all these experiences do not seem to bring about any sufficient consolidation of my higher attitudes, do not influence my "self" to become my "only self." I remain at once both higher and lower. I often fear that I lack sufficient force to change permanently to a real, higher man.

The process of pathological disintegration (adevelopmental) is characterized by stabilization or further involution with a clear lack of creativity, feeble development and re-

tarded realization of goals, a lack of tendency to transformation of structure, and the prevalence of a narrow, partial disintegration process.

Partial disintegration involves only one aspect of the psychic structure, that is, a narrow part of the personality. Global disintegration occurs in major life experiences which are shocking; it disturbs the entire psychic structure of an individual and changes the personality. Permanent disintegration is found in severe, chronic diseases, somatic as well as psychic, and in major physical disabilities such as deafness and paraplegia, whereas temporary disintegration occurs in passing periods of mental and somatic disequilibrium. Disintegration is described as positive when it enriches life, enlarges the horizon, and brings forth creativity; it is negative when it either has no developmental effects or causes involution.

**DISINTEGRATION OCCURRING
IN SEVERAL FIELDS
OF MENTAL LIFE**

Having described the fundamental kinds of disintegration, we now turn to a short description of the processes of disintegration and the changes they cause in various areas of human life.

Let us begin with the impulses. The most general dynamic, and the ground for others, is the instinct of life and its evolutionary aspect—the developmental instinct. Two

groups of impulses are differentiated in ontogenetic development: autotonic and syntonic. Autotonic instincts are egocentric, such as the drive for self-preservation, possessions, and power; syntonic instincts are heterocentric, such as impulses of sympathy, sexual drives, cognitional and religious drives, and social needs. Some instincts appear to be on the borderline between autotonic and syntonic. For instance, the desire for sexual release in its primitive form is an egocentric, autotonic instinct. However, in the course of development it becomes associated with social, syntonic drives. Both autotonic and syntonic instincts are part of the multidimensional instinct of development. The existence of these two opposite groups of instincts, each superimposing itself on each progressive development of the other, provides opportunity for conflicts between them. Every battle between them gives rise to a new balance, a new complex of compromise, a new development of personality.

The effect of positive disintegration on the developmental instinct is as follows: During the embryonic period the developmental instinct is biologically determined. After birth it contributes to adaptation (instinct of adaptation) to the sensing of inner forces in relation to the environment, and to the drive to establish balance between these inner needs and outer realities.

In the next phase of the developmental instinct the instinct of creativity appears. Creativity expresses non-adaptation within the internal milieu and a transgression of the usual standards of adaptation to the external environment. Von Monakow's mechanism of *klisis* and *ekklisis* in relation to the external world (attraction to and avoidance of external

objects) is also present in the internal environment. In creativity, there is both a fascination with and a rejection of internal conflicts.

In the further progress of the instinct of development, the personality structure is influenced; this is the phase during which the instincts of self-development and self-improvement emerge. With this phase the “third factor” begins to dominate within the internal environment. There is an extension of creative dynamics over the whole mental structure. Processes of multilevel disintegration (*klisis* and *ekklisis* in relation to certain factors of the internal environment, feelings of shame, guilt, and sin, and an “object-subject” relationship to oneself) appear in the development of personality. We also see an increase in concern with the past and the future and a clear development of a personality ideal.

In this phase of self-development, in which the personality structure is moving ever closer to its ideals, there are two distinct constituents: The first is a dynamic of confirmation, the approval of aims and the ideal of personality; the second is a dynamic of disconfirmation, the strong disapproval of certain elements within the self, and the destruction of these elements. This occurs as the third factor becomes stronger in its effect on personality.

The most obvious aspects of positive disintegration occur in the sphere of feeling. Throughout the thalamic center of the protopathic affectivity, throughout the cerebral centers of emotional life based on an ever stronger stressing of the factors of pleasure and pain, we come upon activities of the highest level, which, shattering the primitive level of affectivity, mix and revalue the fragments, not only building

a stratiform division but also releasing new managing dynamics and subordinating previously existing forms. Under the influence of positive disintegration, will and intelligence are separated from each other 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 the 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.

In religious individuals, development produces such signs of disintegration as asceticism, meditation, contemplation, and religious syntony (the feeling of unification with the world). All these are signs of stratified development of the internal environment.

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 present prevalent view that all mental disturbances are psychopathological is based on too exclusive a concern of many psychiatrists with psychopathological phenomena and an automatic transfer of this to all patients with whom they have contact. 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 nonadaptation.

This view indicates that the present classification of mental symptoms and many of the generalizations about them are not satisfactory for the complex, multivarious problems

of mental health. The classification and generalizations may suffice for the psychiatrist who deals only with patients coming to him in the psychiatric clinic, but they are inadequate to the handling of problems of prevention, difficulties in child development, problems of education, and minor problems of nervousness and slight neurosis. The “pathological” disorders of impulses, of rationality, and of personality can be, on the one hand, the symptoms of serious illness, noxious for an individual and for society, but on the other hand they may well be—in the author’s opinion—and usually are a movement toward positive development. In fact, these disturbances are necessary for the evolutionary progress of the individual to a higher level of integration. Increased psychomotor, sensual, imaginative, and intellectual excitability are evidence of positive growth. These states are frequently found in individuals at times of their greatest psychological development, in highly creative persons and those of high moral, social, and intellectual caliber.

The theory of positive disintegration places a new orientation on the interpretation of nervousness, anxiety, neurosis, hysteria, psychasthenia, depression, mania, paranoia, and schizophrenia.

Let us now turn to the expression of positive disintegration as it occurs in some mental disorders. Hysterics do not have a harmonious emotional life, but very often they have deep emotional relationships to other people and a sensitivity to the feelings both of others and of themselves. They often show a tendency to idealize and present individualistic patterns of intellectual and imaginative activity. They are frequently highly creative. Because of a propensity to suggestion and autosuggestion, they have a very changeable

attitude toward reality. Their inclination toward dissociation is unilevel in nature. They do not adapt easily to new conditions. They are moody and display a tendency to over-excitability and depression. Their opinions, work, relationships with other people, and life attitudes are likely to be quite changeable. Besides these characteristics, they have rather infantile psychic traits. The expression of the instincts of self-preservation and sex is, for example, rather superficial and capricious. The lack of multilevel forms of disintegration means the lack of sufficient self-consciousness and self-control.

The psychasthenic, as the name implies, is characterized by weakness. Either physical or psychological asthenia may predominate. Patients in whom psychic asthenia is dominant usually seek help in hospitals and sanatoria; those in whom somatic asthenia is dominant generally try to handle their difficulties themselves. Many in the latter category are writers, actors, and philosophers, often persons performing difficult mental work. In the structure of psychasthenics we often note weakness of lower dynamics with strong higher, creative ones. For this reason the lower level of function of reality (practicality) may be troubled, while the higher level of the same function may be very efficient (creativity).

In both states of cyclic disorders one can observe symptoms which are positive for personality development. The depressive syndrome with inhibition which makes action difficult and gives rise to anxiety and suicidal thoughts is a disintegration of the internal environment. In this phenomenon we see cortical inhibition, an excess of self-analysis and self-criticism, and feelings of sin and inferiority. The

manic state shows intensified general feeling, rapidity of thought, emotional and psychomotor excitement, and great mobility of attention. Symptoms of the manic state will vary depending on the hierarchical level attained by the individual. At lower cultural levels there will be aggressiveness, provocation of annoyance, and a tendency to respond to annoyance; individuals at higher levels will show excessive alterocentrism, social hyperactivity, and creativeness. In manic-depressive psychosis the nature of the disintegration will depend on the changeability from manic stage to depression and on the level of culture.

Paranoia is characterized by psychomotor excitability, rapidity of thinking, a great inclination to criticize others without self-criticism, and an intensified self-attention without feelings of self-consciousness and self-doubt. Paranoiacs present a very rigid integration with systematized delusions of persecution and grandeur, and egocentric excitability. They also reveal an inability to adapt to real situations that contributes to a narrow form of unilevel disintegration. The absence of self-doubt and self-criticism and the narrow range of the symptomatology reflect the absence of multilevel disintegration. Paranoid structure to some extent is similar to psychopathic structure in that both show integration. In the psychopath, the integration is broad but is at a low hierarchical level, whereas the paranoiac the integration is at a higher hierarchical level but is partial and thus contributes to narrow unilevel disintegration.

The schizophrenic shows two basic symptoms: intensified mental excitability and psychic immaturity which hinders adjustment to the environment (especially to an unsuitable environment). In schizophrenia there is fragility and vul-

nerability to external stimuli, psychic infantilism, and weakness of drives. The schizophrenic individual is characterized by hyperesthesia with an inclination to disintegration and very often to accelerated development. Disintegration in schizophrenia is a mixture of positive and negative types on the borderline of multilevel and unilevel disintegration. There are hierarchical traits in levels of integration, but the integration is fragile and has distortions. Schizophrenics are inhibited and rigid and have strong anxiety and autism. The irregularity of environmental influences and the shortening instead of prolongation of the developmental period (perhaps because of a special constitution) lead to intolerance of developmental tension, to negation, and to fragmentation of the personality. Nevertheless, some plasticity of psychic structure and dynamics is present, since it is not uncommon for the psychiatrist, after a long period of observation, to change his diagnosis from schizophrenia to reactive psychosis with some schizophrenic characteristics.

From the point of view of the theory of positive disintegration, we can make a diagnosis 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 eventual outcome. The distinction between mental health and mental illness rests on the presence or absence of the capacity for positive psychological development. Somatic diseases such as cancer, tuberculosis, and heart disease cause psychic disturbances in individuals who are well adapted to both external and internal environments. They permeate a broad or narrow, short or long interval in life activities, an interruption of integrated relations of the individual. The interruption of life activities

means that the dominant disposing and directing center is unable to engage in all of its previous activities. This curtailment may lead to a large partial disintegration and withdrawal of one field to another level. The transfer from one level to another is possible only in cases which exhibit a hierarchical internal milieu.

POSITIVE AND NEGATIVE DISINTEGRATION

The positive effect of some forms of disintegration is shown by the fact that children (who have greater plasticity than adults) present many more symptoms of disintegration: animism, magical thinking, difficulty in concentrating attention, over-excitability, and capricious moods.

During periods of developmental crisis (such as the age of opposition and especially puberty) there are many more symptoms of disintegration than at other times of life. These are also the occasions of greatest growth and development. The close correlation between personality development and the process of positive disintegration is clear.

Symptoms of positive disintegration are also found in people undergoing severe external stress. They may show signs of disquietude, increased reflection and meditation, self-discontentment, anxiety, and sometimes a weakening of the instinct of self-preservation. These are indications both of distress and of growth. Crises are periods of increased insight into oneself, creativity, and personality development.

Individuals of advanced personality development whose

lives are characterized by rich intellectual and emotional activity and a high level of creativity often show symptoms of positive disintegration. Emotional and psychomotor hyperexcitability and many psychoneuroses are positively correlated with great mental resources, personality development, and creativity.

How can positive disintegration be differentiated from negative disintegration? The prevalence of symptoms of multilevel disintegration over unilevel ones indicates that the disintegration is positive. The presence of consciousness, self-consciousness, and self-control also reveals that the disintegration process is positive. The predominance of the global forms, the seizing of the whole individuality through the disintegration process, over the narrow, partial disintegration would prove, with other features, its positiveness. Other elements of positive disintegration are the plasticity of the capacity for mental transformation, the presence of creative tendencies, and the absence or weakness of automatic and stereotyped elements.

With regard to sequences: The presence of unilevel symptoms at the beginning of the process of disintegration does not indicate negative disintegration to the degree that it would later in the process. The presence of retrospective and prospective attitudes and their relative equilibrium, and the process of the formation of a personality ideal and its importance to the behavior of the individual—these indicate a positive operation.

The capacity for sympathy with other individuals (in the sense of emotional closeness, understanding, and cooperation even with the possibility of organized and conscious conflicts with them) also indicates a positive process. In

cases of psychoneurosis and sometimes psychosis, in addition to the factors listed above, positive disintegration can be recognized by the individual's capacity for autopsychotherapy.

The criteria of differentiation between positive and negative disintegration must be further studied from the point of view of the diagnostic complex, the characterologic pattern, and the environmental circumstances in which they occur. The points above are only a brief, initial effort at clarifying this problem.

The accuracy of the differentiation of a positive from a negative disintegration process in a specific individual can be proved by examination of the eventual outcome of the process. In the great total process of evolutionary developmental transformation through disintegration, negative processes are relatively infrequent and represent a minor involutinal discard.

SECONDARY INTEGRATION

Secondary integration is a new organization of compact structures and activities arising out of a period of greater or lesser fragmentation of the previous psychic structure. Partial secondary integrations occur throughout life as the result of positive resolutions of minor conflicts. The embryonic organization of secondary integration manifests itself during the entire process of disintegration and takes part in it, preparing the way for the formation of higher

structures integrated at a higher level. The seeds for integration are the feeling of dissatisfaction, discouragement, protest, and lack of higher values and needs for them. This state increases the sensitivity of the individual to both the external and the internal environment, causes a change in the primitive impulse structure, forces the transformation of primitive impulse structures, and encourages the movement of psychic dynamics to a richer, higher level. As secondary integration increases, internal psychic tension decreases, as does movement upward or downward of the disposing and directing center, with the conservation, nevertheless, of ability to react flexibly to danger. The disintegration process, as it takes place positively, transforms itself into an ordered sequence accompanied by an increasing degree of consciousness. Secondary integration can proceed in different ways: It can be (1) a return to the earlier integration in more nearly perfect form; (2) a new form of integration, but with the same primitive structure without a higher hierarchy of aims; or (3) a new structural form with a new hierarchy of aims. This last form represents a development of the personality.

POSITIVE DISINTEGRATION AND THE DEVELOPMENT OF PERSONALITY

The most important elements of disintegration which indicate future integration and development of the personality are as follows:

1. Definite seeds of secondary integration.
2. Prevalence of multilevel rather than unilevel disintegration, with an attitude of rejection toward “lower” structures.
3. A definite instinct of development with approval of higher structure and dynamics.
4. Strong development of a personality ideal.

Symptoms of disintegration occur in highly talented people. There is a difference between the disintegration process in the development of personality in a subject of normal intelligence and that process in the course of life of a genius. In the normal subject disintegration occurs chiefly through the dynamism of the instinct of self-improvement, but in the genius it takes place through the instinct of creativity. The first concerns the total psychic structure, the second only certain parts of psychic organization.

IMPLICATIONS OF THE THEORY OF POSITIVE DISINTEGRATION

In psychology, this theory emphasizes the importance of developmental crises and gives an understanding of the developmental role of, for example, feelings of guilt, of shame, of inferiority or superiority, of the “object-subject” process, of the “third factor,” and of so-called psychopathological symptoms. It introduces new elements to the present view of the classification and development of instincts. It does not regard instincts as rigid and as existing only under the

influences of phylogenetic changes but rather conceives of them as changing through positive disintegration, losing their primitive strength and evolving to new levels of expression in the cycle of human life.

In education, the theory emphasizes the importance of developmental crises and of symptoms of positive disintegration. It provides a new view of conduct difficulties, school phobias, dyslexia, and nervousness in children. An awareness of the effect of multilevel disintegration on the inner psychic milieu is of basic importance for educators.

In psychiatry, this theory leads to an increased respect for the patient, emphasis on psychic strengths as well as on psychopathological processes, and attention to the creative and developmental potential of the patient. The theory indicates the necessity in diagnosis and treatment to distinguish disintegration as either positive or negative in nature. The theory of positive disintegration represents a change in the traditional psychiatric concepts of health, illness, and normality. Perhaps these concepts can be clarified by the presentation and discussion of two case histories.

TWO CASE HISTORIES

Case One

PROBLEM. Ella, 7 ½ years old, was admitted directly to second grade in a public school on the basis of her admission examination. During the first days of school she had many difficulties. She was emotionally overexcitable, had

trouble eating and sleeping, and cried at night. There was a weight loss of five pounds, and she showed some signs of anxiety and transient depression. She asked her parents to transfer her to first grade of the school.

The patient was the older of two children. Her sister, 5 years and 10 months old, was more of an extrovert and more independent than the patient. The mother was harmonious, rather introverted, and systematic in her work. She was concerned about the long-range implications of the patient's difficulties. The father was of mixed type with some cyclic and schizothymic³ traits. He was dynamic, self-conscious, and self-controlled. The development of both children had presented no special problems. During the preschool period Ella had been an obedient girl but from time to time emotionally overexcitable, ambitious, independent in her activities, and sensitive toward the external environment, though in a subtle, private way. She had always had a great deal of inhibition. At 4 1/2 she had begun to discuss with her parents the problems of loss, of death, and of life after death.

MEDICAL AND PSYCHOLOGICAL EXAMINATION. Medical and psychological examinations were both negative. I.Q. was 128. Rorschach: ambiequal type with some predominance of kinesthetic perceptions. Aptitude toward mathematics, decorative arts, and, in general, manual dexterity was evident. There was a tendency to introversion and systematization

³ *Schizothymic* is Kretschmer's term. It refers to an asthenic bodily type having such psychic characteristics as theoretical rather than practical abilities, difficulty in contact with people, and some tendency to internal conflict.

of work. The first steps in her work and in a new situation were the most difficult for her. Once they had been taken, she did much better. She was very clearly inhibited, although ambitious, and had feelings of inferiority and superiority.

INTERPRETATION. Ella was an introvert with rather schizothymic traits. She was intelligent, self-conscious, and inclined to be emotionally overexcitable, and her excitability was easily transferable to the vegetative nervous system. She was ambitious and tended to be a perfectionist but was somewhat timid and likely to resign in the face of external difficulties. She had symptoms of transient depression, anxiety, and inhibition. However, her aims and ideals were clear, and she leaned toward moral and social concerns. She presented the type of emotional tension very closely related to psychic development.

We see in this case a fairly early stage of positive disintegration with emotional overexcitability, ambivalences, and the initial formation of psychic internal environment. There is the gradual construction of the disposing and directing center, hindered by the child's inhibition but supported by her determination to handle new situations despite anxiety, her strong feeling of obligation, and her ambitions. This conflict, increased by her need to meet new situation, presents a crisis in development.

TREATMENT. This child must be treated with an awareness of the positive function of her symptoms. In our evaluation we see her as an intelligent and ambitious child with many assets who at present is in a developmental crisis. The wisest course would be to help her surmount this crisis. Her

successful handling of the school situation will decrease her inhibition, strengthen her disposing and directing center, and contribute to her further development.

Ella can, and preferably should, be treated at a distance and not through direct psychotherapy. Originally, her teacher had intended to transfer the patient to the first grade. The child knew of this decision, and it had increased her ambivalence; she was depressed and she herself asked to be transferred. However, after a conversation with the psychiatrist, the teacher changed her mind. Understanding the situation better, she helped the child by not asking her to participate in class but allowing her to come forward whenever she felt prepared to answer. In six months she was one of the best pupils in the class and received an award for her work. Emotional tension diminished and the dystonia of the vegetative nervous system disappeared.

There are further means of help. One could see the child from time to time at long intervals, following her normal lines of development and her normal internal and external conflicts. We must know the conditions of her family and school life and perhaps help her parents to be aware of her developmental needs and, on the basis of this understanding, of the ways in which they can help her to more permanent adaptation both to herself and to social life.

DISCUSSION. We have viewed this case as that of a normal child with a high potential for development and have seen this development through a necessary crisis precipitated by a new, difficult external situation. We have not recommended any psychiatric treatment. What might be the effect if these symptoms were seen as psychopathological

and treated by intensive psychotherapy? The emotional, introverted, and self-conscious child could be deeply injured. The labeling of the symptoms as pathological in itself would have a negative effect. In addition, the social milieu would be likely to view the child as disturbed if she were seen in intensive psychotherapy, as, indeed, would the child herself. The apprehensions of the parents might increase, and the teacher might treat the child in a more artificial manner than she would otherwise. All this would increase the emotional tension of the child, especially her tendency to an introverted attitude and timidity. These conditions could create new problems and an increasing need for psychotherapy.

Directing Ella's attention to the products of her fantasies could result in excessive attention to them and artificially increase their effect (although knowledge of them would give increased understanding to the therapist). Regarding the symptoms as psychopathological would imply the desirability of their elimination. However, they perform a positive function for this child, and to deprive her of them would be a serious matter. Focusing on pathology might accentuate anxiety, inhibition, and flight into sickness. Viewing and treating these symptoms as psychopathological would itself create conditions that would appear to confirm the correctness of that approach.

Case Two

PROBLEM. Jan, a 21-year-old student of the Polytechnic Institute, came to the Mental Hygiene Clinic with his

problem: He had failed twice to pass from the first to the second year of classes. He had symptoms of depression and thoughts of suicide. The patient was very close to his mother and in states of depression would announce that he would commit suicide if his mother died. He was afflicted with speech disturbance—stuttering. He felt unable to complete examinations with groups of students since he was anxious about his stuttering and concerned that he would be ridiculed. Under these circumstances, he found himself unable to concentrate on his examinations.

MEDICAL AND PSYCHOLOGICAL EXAMINATION. Neurological, laboratory, x-ray, EEG procedures were all negative. The patient was extremely intelligent and particularly apt in his field of studies. He showed a high emotionality and imaginative overexcitability, strong inhibitions, guilt, an attitude of timidity, discontentment with himself, feelings of inferiority toward himself, and feelings of disquietude and anxiety. He presented a very strong moral structure and a tendency to be exclusive in his emotional attitude and in his relation to other people.

Jan's father had died when he was 10 years old. He had one brother eight years older than himself. Jan's past history showed the gradual development of his symptoms. During puberty at 15 years of age, they were particularly strong but in time receded. It was during this time that he first showed a slight stutter. This minor speech defect had tended to decrease since then, but it had lately abruptly increased.

Further information revealed that he was in love with a high-school girl of 17, but he was sure that she did not love

him. However, he had no objective basis for this conclusion. His timidity had prevented him from declaring his interest. The mother, who had heart disease, was sympathetic to her son and wanted him to be married. The relationship with his mother was particularly strong because he did not have other confidants.

Jan's depression had begun to deepen when he felt he had failed in his love affair and especially after his second failure in his examinations. There was an increase of inferiority feelings toward himself and of feelings of distance from and meaninglessness of the external world.

INTERPRETATION. The patient was introverted, schizothymic, and emotionally overexcitable and had trouble adapting himself to the demands of the external environment. He was very inhibited and had an inferiority complex based on his stuttering. He had a high level of subtlety of introspection and moral attitude toward himself and his environment. There was a clear hierarchical development of the psychic internal environment, but his disposing and directing center was not strongly developed because of lack of attainment of his aims, poor adaptation to this social environment, and lack of proper self-evaluation. In the various difficulties of everyday life his emotional excitability increased, and he showed the symptoms of subacute emotional crisis. This state caused, and was in turn increased by, his difficulty in taking examinations and his subsequent failure. At the same time, his condition was clearly connected with his emotional attachment to a girl and his inability to realize a satisfactory relationship with her.

Psychoanalytic therapy might be very helpful to this

patient, although a narrow psychoanalytic approach might focus too exclusively on his relationship with his mother and particularly on his hostility and guilt. Of course, this young man had guilt with regard to his mother and we could discuss here his Oedipus complex. But this was not the core of his difficulty; it was, rather, related to the development of his personality. In the development of personality the psychic internal milieu grows through the dynamism of multilevel disintegration. Guilt is one of many useful dynamisms, as are discontentment with oneself, feeling of inferiority, and disquietude. Jan's examination of himself in relation to his mother, his concern about his fantasies, and his feelings of special obligation because of his mother's illness all contributed to a sense of distance between his lofty ideals and obligation and his feelings of the inadequacy of his everyday life. This guilt can lead to a greater self-knowledge and clear ideals. No man develops a high level of personality without this process.

TREATMENT. After a conversation with the psychiatrist, the Dean of the Faculty allowed the patient to be examined alone, rather than with a group. A social worker saw the girl in whom he was interested. It was clear that she knew of his interest and loved him, but, being of the same type of timid and inhibited personality, she had difficulty in expressing her feelings. Jan was given speech therapy and psychotherapy. The psychotherapy was aimed at helping him understand and utilize his character pattern and symptoms. In his type this meant the recognition of and collaboration with the principal dynamics of his development. Thus it was necessary

to recognize and clarify his introversions, withdrawal from people, vulnerability, and emotional overexcitability. These must be taken up in the context of actual, current situations.

Psychotherapy here must encourage a deeply optimistic attitude toward symptoms. This does not mean that the psychiatrist suggests to the patient that he be foolishly cheerful; he must instead develop insight into his inner conflicts and external difficulties and a broad perspective on his future course through the harsh and often indifferent demands of life.

Under the conditions of the new examination Jan passed to the second year, and in the next examination he was one of the highest students in the class. In the course of psychotherapy a new disposing and directing center developed, owing to a decrease of his inhibition, heightened awareness of his own ability, and increased confidence from what he had learned in examining his developmental history. After several years he married the girl with whom he was in love. After several years he married the girl with whom he was in love. After several years he married the girl with whom he was in love. The marriage led to a new period of life, new problems, and further development.

The treatment did not resolve all of Jan's basic problems, but it helped him to handle the acute crisis and to avoid some tendency to negative disintegration.

DISCUSSION. We see in this patient, an intelligent man, the process of multilevel positive disintegration, which on the one hand makes him capable of accelerated development but on the other leaves him susceptible to developing crises. His psychic distress was on the verge of being psychopathological; it had the potential for either positive or negative disintegration. It indicated deep dissatisfaction with his in-

ternal and external milieu and a 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.

Since we see in Jan the progressive development of himself through external and internal difficulties, this patient is regarded as mentally healthy. From the point of view of the theory of positive disintegration, psychotherapy is multidimensional aid in overcoming too severe a crisis in the positive development of man.