

Implications of the Theory of Positive Disintegration for Psychotherapy

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Psychotherapy is perhaps more art than science. Often when we as therapists do something in psychotherapy, it seems intuitive, based on a spur of the moment impulse that seems to be the right thing to do. Only afterwards, reflecting on what has happened, do we see how it fits into some kind of framework or theory, explicit or implicit, that we hold. Such a thing happened to me recently in my supervision of counselling students at the University of Alberta.

A young student was playing a video tape of an interview he had just had with a woman who was going through a great deal of mental anguish. He was especially proud of this tape because the students had recently taken relaxation therapy in class and he was gung-ho to use it on someone—and he did. Each time the woman's emotions rose to a breaking point and her eyes welled up in tears, he would interrupt what she was saying and tell her: "Breathe, breathe . . . deeply . . . concentrate on your breathing . . . now breathe slowly . . . deeply." The woman would obey, relax, go back to her talking and build up to another emotional crescendo which the student would immediately defuse with his deep breathing exercise. It was like letting the steam build up inside a pressure cooker, but each time it got to a high level he would take the lid off and let the pressure out. I could see this technique was going to get the student through the hour of a demanding interview, but couldn't see that the client was getting anywhere with it. I found myself saying to him somewhat impatiently, "For goodness sake, let her have her pain!" *The pain is necessary for the cure. Don't rob her of it.* At the moment what I did may have seemed intuitive, even impulsive. On later reflection, I saw Dabrowski's influence coming through, and talked with the student about the need for disintegration if real growth is to occur.

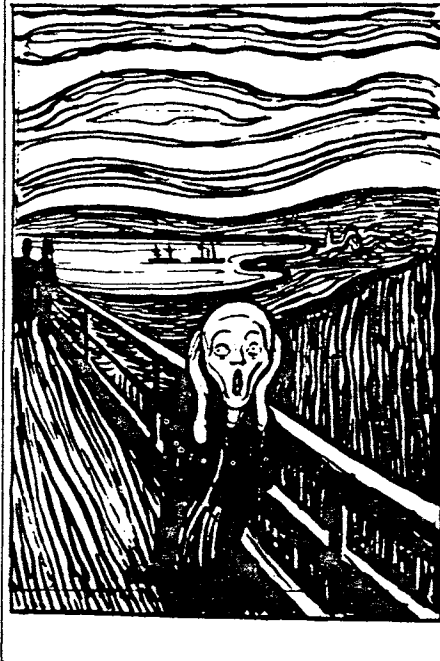
This is one small example of what Dabrowski's theory of Positive Disintegration has meant to me in the practice of psychotherapy. I'd like to share with you some of the broader implications of the theory of Positive Disintegration for Psychotherapy, grouping them into more general theoretical frameworks and trying to draw out of the theory the profound implications it has for therapy.

Positive Disintegration Theory in Context

The way I would like to approach the topic of the implications of Positive Disintegration theory for psychotherapy is to

This woodcut by Edvard Munch, called "The Shriek", conveys the subjective experience of an acute anxiety reaction. The dread and horror on the person's face mirror his feeling that some catastrophe, unknown and unnamable, is happening to him. The flood of anxiety immobilizes him physically and psychologically—he cannot marshal either defenses or behaviors that will let him cope with the anxiety and tension.

(Collection, Museum of Modern Art, New York; Matthew T. Mellon Fund.)



attempt to put it into context—the context of the other therapies with which you are already familiar.

This task is made difficult by the fact that Positive Disintegration theory does not neatly fit into any of our present categories of therapies. I cannot say for example that it is a behaviour modification approach or a Rogerian therapy or even an existentialist therapy. Its uniqueness defies all these categories. So I think my best approach to implications for counselling is to draw out some of the principal Positive Disintegration therapeutic themes and contrast them with some of the well known major psychotherapies.

First by way of background, Positive Disintegration is a theory of human development and, as a developmental theory, it could, like many others, have satisfied itself with drawing up a grand scheme of how

human beings develop and stopped at that, leaving the implications for real life to those more practically minded. Most developmental theories do just that. The difference with Positive Disintegration is that its founder, Dr. Dabrowski, is himself a very practical person. Perhaps as a result of his medical background and his real concern for people, Dabrowski has frequently addressed himself to the therapeutic implications of his theory (Dabrowski, 1970, pp. 116-129).

First, by way of background, a brief look at the theory, not going into an extensive survey but picking out the features more salient to the topic at hand.

Multilevelness

The most important feature of the theory is Dabrowski's concept of multilevelness of functions. Not only are there levels in the developmental process from primary integration to secondary integration similar to classical stage theories, but there are levels of functions. Dabrowski was greatly influenced by John Hughlings Jackson who in 1884 delivered three lectures on the Evolution and Dissolution of the Nervous System. In these lectures, Jackson demonstrated a biological hierarchy in the nervous system and proposed that evolution is a passage from the most simple to the more complex, from the most automatic to the more voluntary.

Piechowski (Dabrowski and Piechowski, 1977, p. 12) calls multilevelness "the central concept of the theory" and indicates that with it we are using a new key or paradigm with which to approach human behavior. In his words:

It now becomes less meaningful to consider, for instance aggression, inferiority, empathy or sexual behavior as unitary phenomena, but it becomes more meaningful to examine different levels of these behaviors. Through this approach, we may discover that there is less difference between the phenomenon of love and the phenomenon of aggression at the lowest level of development than there is between the lowest and the highest level of love or the lowest and the highest level of aggression.

This theme of multilevelness goes through the dimensions of mental functioning, and here we see, to some extent, how we get a truly holistic view of man from the theory, for Dabrowski distinguishes five dimensions of mental functioning arranged in a hierarchy of levels from lowest to highest: 1) Psychomotor, 2) Sensual, 3) Imaginational, 4) Intellectual and 5) Emotional.

Dabrowski's distinction of five levels of mental functioning is based on his clinical

observation of "types of overexcitability". He observed that some children, adolescents and adults consistently over-react to both external and intra-psychic stimuli. Their overreacting appeared limited to certain dimensions which I have already named. Some individuals seemed to be more sensitive to one kind of stimulus, some to a broad spectrum of stimuli. Some showed sensitivity at lower psycho-motor levels of the hierarchy, others at higher levels more closely connected with cortical functioning. These overexcitabilities are like channels bringing stimuli into the individual. Messages from the higher level channels bring about the dissolution of lower level responses and open up the possibility of reorganization at a higher level. Less automatic but more voluntary responses that come later in development conflict with earlier, more automatic modes of functioning. Higher level processes disorganize and inhibit more automatic ones. The resulting disequilibrium brings on the emergence and organization of new and higher levels of control.

Implications

Even from this very brief review of Positive Disintegration as a theory of development, some of its implications for therapy begin to emerge. Perhaps the first and most obvious implication is the creative potential of what we have usually called mental illness. If human development involves dissolution of lower level responses opening up the possibility of reorganization at higher levels, then some mental breakdowns, the disintegration of lower levels, are not obstacles to development but rather opportunities. There can be no growth to higher levels without dissolution of lower levels. Some sort of disintegration, something we may too easily label as "illness", is then necessary for growth. Some sort of anxiety, depression, neurosis is necessary for development. In fact, higher levels of development cannot be attained without disintegration. Dabrowski, in his studies of the lives of eminent human beings, finds without exception evidence of mental breakdown which he sees as the necessary precondition of development. Dabrowski is persuasive in his insistence on the creative potential of mental illness. Handled properly, psychoneurosis is not an illness but an opportunity—Positive Disintegration is hope-full. And this leads me to one of the first practical implications of Positive Disintegration theory for psychotherapy. If the therapist sees psychoneurosis not as some-

thing to be immediately taken away but as a challenge to him and to his client to capitalize on, then, together, client and therapist can explore the creative potential of the situation. One very obvious technique is to directly point out to the client the possible creative potential in his "illness". Besides introducing a strong element of hope into the therapeutic relationship such an indication gives a whole new direction to the therapeutic process.

Therapy then becomes a process not of taking away the disintegration but of exploiting it, encouraging it, even creating it if it is not already there. The patient, as I mentioned in my introductory example, must be allowed to have his pain. Mental illness has creative potential and this pain, depression and stress should not be treated by too quick recourse to a therapy aimed at merely taking it away. Dabrowski is quick to state (1970, p. 119) that his theory is not concerned with diseases of a definite organic or biochemical background. A chemotherapeutic approach is certainly appropriate in these circumstances. Dabrowski insists that no genuine mental conflicts—those involving self-consciousness and authenticity—can be solved by any means other than the individual's conscious effort. In some cases of lower level problems chemotherapy may be a necessary first step but always with the idea of subsequently leading to mental transformations at a higher level. Dabrowski is much opposed to the illusion that drugs constitute a panacea for mental disturbances.

Contrast with other therapies

Positive Disintegration is clearly distinct from other forms of therapy if we follow the theme of letting the patient have his "pain". Relaxation therapies that immediately attempt to relieve stress, rational therapies that immediately attempt to take away guilt, behaviour therapies that immediately attempt to take away symptoms without getting at basic developmental dynamics not only fall short but are counterproductive in the view of Positive Disintegration theory which sees the creative potential in conflict situations.

At this point it is probably beginning to emerge more clearly what Positive Disintegration theory is *not* rather than what it is. Perhaps it would be worthwhile to first pursue this theme of contrasts in order to put Positive Disintegration therapy in a more positive context.

Positive Disintegration therapy is clearly *not* a behaviour modification technique. It

is too much concerned with the qualitative development of the whole person for that. It also places great emphasis on what Dabrowski calls the "third factor", a factor largely constructed by self-choice which works in collaboration with the other two factors of heredity and environment. This excludes it from the deterministic, environment-oriented behavioural camp.

Positive Disintegration therapy is not Freudian. Despite (or perhaps because of) Dabrowski's thorough grounding in Freud, the theory is far from being psychoanalytic. Dabrowski is gentle but firm in his rejection of Freud.

Perhaps the closest it comes to psychoanalysis is the fact that it presents a developmental framework and its emphasis on the role of the therapist as a diagnostician, and director.

These same characteristics distinguish Positive Disintegration theory from a Rogerian, client-centered approach. As we shall see, Dabrowski's theory rests heavily on the relationship that is more one of teacher and student than Rogers would support with his client-centered therapy.

Aha, then Positive Disintegration must be some kind of cognitive theory that aims at straightening out the patient's thinking! Not so, despite its strong educational bent, Positive Disintegration theory puts great emphasis on the directive potential of the emotions and subsequently stresses emotional development. It is also insight-oriented to a degree that sees the ultimate goals of therapy and education as being auto-psychotherapy and self-education. The patient is encouraged ultimately to analyze and work through problems by himself.

Even though it defies categorization with other theories, Positive Disintegration perhaps comes closest to being an existential theory. Like other existential therapies, it does not begin with techniques and go to theory to support them; it begins with a philosophy, a broad view of human nature and what is a healthy human being. Above all it shares with existential theories the conviction of man's free choice, and his subsequent responsibility for what he becomes. It stresses as do other existential theories the important role of values as the stars by which we steer our lives.

One implication of Positive Disintegration theory which reflects its strong emphasis on values is Dabrowski's use of the words "adjustment" and "maladjustment". Dabrowski makes some typically refreshing distinctions which throw new light on these

clinically important words. Dabrowski (1970, p. 162) sees social adjustment as the ability to live in harmony with social norms and act successfully in one's society, which may amount to mere conformity to pre-vailing social standards. This kind of adjustment is usually considered a symptom of mental health, while social maladjustment is identified with mental disturbances. Dabrowski goes several steps beyond "One Flew Over the Cuckoo's Nest" and even beyond R.D. Laing in developing this point. He makes the following distinctions:

Adjustment

Negative—conformity without critical evaluation to the prevailing norms, customs and mores. Non-autonomous, inauthentic. Adjustment to "what is".

Positive—correspondence with a new hierarchy of values consciously developed and subordinated to the personality ideal. Adjustment to "what ought to be".

Maladjustment

Negative—Denial and rejection of social norms not for the sake of a higher scale of values, but because of subordination to primitive urges and pathological structures. Represented in its extreme by psychosis, psychopathy, and criminal activity.

Positive—Partial adjustment to what is. Increasing adjustment to higher levels of development. Conflict with and rejection of standards, patterns and attitudes of the environment which are incompatible with one's growing awareness and loyalty to a higher scale of values. It leads to authenticity.

But Positive Disintegration goes beyond most existential theories to make a strong effort to be scientific—to have, for example, explicit norms for the diagnosis of a patient's condition (Dabrowski and Piechowski, 1977, Vol. II). Here again perhaps it is reflecting Dabrowski's medical background.

Dabrowski makes it explicit too that the traditional methods of many existential therapies—establishing a positive I-thou relationship—are not sufficient for the full development of the client. If the process of therapy is, as Dabrowski sees it, a developmental process, then like healthy, normal growth, it leads to autonomy, self-directedness, self-education, subject-object in oneself—autopsychotherapy and the goal is the attainment of personal autonomy that will no longer need the support of the psychiatrist-patient relationship.

For Dabrowski much illness is the result of ignorance. Therefore the therapy model

is basically an educational model for decision-making, again with the proviso that the educational model is not limited within a cognitive framework but rather, education of the whole person, including emotions. It then is the cognitive and emotional responsibility of the patient himself for getting in and out of illness.

In keeping with its general humanistic framework and in the tradition of existential psychologists, Positive Disintegration is a theory that, far from emphasizing illness and its cure, looks toward the higher levels of human development, the self-actualizers as Maslow would call them, the growing tip of the human race. It keeps a constant eye on the possible high level goals of each client—emphasizes what *some* men can be. Here the word *some* is very important. Positive Disintegration has been criticized as an elitist theory because it sees the possibility of highest levels of development for only a very few people who have what is called "Developmental Potential", the intellectual, physical and emotional resources to lead to higher levels. My own conviction is to acknowledge this label of elitist as a fact. It is a fact of life we don't like to acknowledge here in North America especially the United States where we have a tradition that "anyone can make it to the top from the most humble beginnings" and a history full of tales of penniless immigrants becoming millionaires. Most of these stories are of economic, financial and status success. When it comes to psychological development, all men are not created equal. All do not have the same developmental potential. There are vast variations in intelligence for example, emotional sensitivity and opportunity and thus one of the main tasks of the therapist is to distinguish those who have developmental potential (DP) from those who do not. This is perhaps the key implication of Dabrowski's theory for the diagnostic aspect of psychotherapy—recognizing and encouraging the developmental potential within patients. We will look more at this in a moment.

The therapist himself

These glimpses of what Positive Disintegration theory implies for therapy lead us to the next logical questions—what kind of person is the Positive Disintegration therapist and how does he become one?

It is obvious that the therapist must first have a thorough understanding of a rather complex theory, a conviction of its value and an intuitive "feel" for it. This is not something that is going to come from a

weekend workshop, a university course or even a lifetime of intellectual study of the theory. It goes much too far into the roots of the person himself for that.

There is more than cognitive understanding of this theory; there is the lived experience of it—in ourselves and in our clients.

This is at one and the same time a tribute to the high level of development of the founder of the theory and a critical question looming over its application to therapy. Like any "high end" theory or therapy, it requires "high end" people to thoroughly understand it. That is why some of us feel quite inadequate particularly when it comes to such practical problems as recognizing developmental potential.

Dabrowski and Piechowski especially in Vol. II of *Theory of Levels of Emotional Development* have done a masterly job of defining the characteristics of developmental potential and isolating some means of identifying it in individuals. They have made a heroic effort to be as objective as possible. But with such a complex almost ineffable entity as developmental potential must be, the task of discovering it in clients remains a highly subjective one. I am not using the word "subjective" in any pejorative sense. I mean that it takes great sensitivity as well as scientific knowledge in those who diagnose. At this early stage in the life of this theory perhaps that ability still rests mostly in the founder of the theory and a few of his closer disciples. Perhaps the greatest need of the theory of Positive Disintegration in the practical, therapeutic domain, is to as much as possible create a language and a system whereby these diagnostic skills and personal characteristics can be encouraged in greater numbers of practitioners. I know for myself as counselor educator this is perhaps the most difficult task in translating the theory into practice—giving my students (and myself) some rather concrete criteria for recognizing developmental potential without deluding ourselves with simplistic notions or, as many do, giving up because the theory does not seem to readily translate into practice. Other therapies like "primal scream" have begun with a gimmick and attained immediate, sometimes enthusiastic acceptance. Positive Disintegration is much too deep and thorough to gain instant appeal. Its need right now is for a "language" and practical techniques somewhere between oversimplification which would betray its profundity, and abstractness and complexity that would endanger its future as a practical therapy. If diagnosis is to be multi-

dimensional, Positive Disintegration theory is much in need of further research into its methodology, particularly the methodology for recognizing Developmental Potential at all ages.

I would like to conclude with one last "implication" of the theory of Positive Disintegration for psychotherapy, which, since it is all-inclusive will serve as a summary of my presentation. This implication zeroes in on the demands this therapy places on the therapist himself.

We have noted that this theory does not begin with strategies or techniques, but begins with a theory of how humans develop, what the best kind of humans are and how they become that. It points to the relationship of client and therapist as basically an educational relationship with the goal being the ultimate autonomy of autotherapy and self education. But it is an educational relationship that in no way restricts itself to cognitive learning. Therapy is a relationship of whole person to whole person and Dabrowski's vision has a unique and powerful way of drawing not only the client but the therapist into the process of disintegration. A theory with such high expectations of development puts demands upon the development of the therapist himself. There are no gimmicks, machinery or drugs for the therapist to hide behind and avoid confrontation with his patient. Sometimes a therapist will be called upon to create Positive Disintegration in his clients (Hague, 1977). Always he will be called upon to form a deep understanding relationship, and if he believes that disintegration should take place in clients he must believe that it should take place in himself. The therapist-patient relationship will inevitably involve disintegration on the therapist's part. If it is not "just teaching", if it is not just expounding insights of the master to the novice, if it is not the doling out of medicines (whether they be physical or psychological) to take away the pain; if it is allowing our clients to have their pain because it is necessary, then it is allowing ourselves to have the pain because that too is necessary. If personal growth is at the price of Positive Disintegration, then therapists cannot avoid the disintegration in their own lives; the challenge is to make the disintegration positive. One cannot simply bandy about words like autonomy, authenticity, empathy without them being in some way reproaches to our own selves. If they do not bring about dissatisfaction with what we are, then they remain idle words falling from our lips and we are the hollow

men. Dabrowski has given us a challenge that if we are to do a therapy built upon crisis, then we cannot avoid the crisis. If Positive Disintegration tells us to allow our clients to have the pain because that is necessary, then it tells us to allow ourselves to have the pain, because that too is necessary.

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