

A NEW APPROACH TO PSYCHOPATHOLOGY

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A new approach to psychopathology based on the psychology of integration as applied to psychological states is outlined. Because all raw behavior occurs only in the form of psychological states, all formulations of psychopathology must refer to integrative disorders that are postulated to underlie all pathological or defective behaviors. Disintegration is the one common factor found in all mental disorders. Lack of integration underlies most inadaptability. The classical field of psychopathology, which formerly was limited to the consideration of formal psychiatric disorders, now is expanded to include deficits, imbalances and disintegrations of acute or chronic nature that result in erroneous or less than perfect judgments. Judgment is considered to reflect the quality of underlying integrative processes. Judgmental defects that lead to maladaptive decisions inevitably must result in maladjustment and/or less than perfect performance. It is necessary to differentiate between (a) integrative disorders per se, and (b) the personal-social effects of positive or negative integrations organized by healthy or unhealthy factors. Criminals may be well integrated in their asocial activities, but socially undesirable because organized about the criminal ethic. Postulates are presented that outline the theoretical assumptions upon which integrative psychopathology is based. This approach utilizes classic theories such as the Freudian psychopathology of everyday life when valid and relevant within the larger framework of integrative psychology. A differentiation is made between hierarchical levels of increasingly complex factors that may organize integration.

Classical psychopathology has seemed to assume that if a person is not pathological, then he must be normal. The diagnosis "no psychiatric disorder" as utilized in psychiatry in the absence of pathological findings appears to assume that the absence of psychopathology means that a normal functioning status is present. This is, in reality, a negative diagnosis by exclusion. By circular reasoning, normality is presumed to be the "normal" condition, i. e., what is not abnormal must be normal. Such a definition begs the question of what constitutes normality. Normality must be more than just a negative status or condition of the absence of psychopathology.

Integrative psychopathology starts out with the opposite assumption that lack of integration is the base state and that integrated states are achieved only by progressively complex organizations of hierarchical organizing factors. It is postulated that the neonate is integrated only on neurophysiological vegetative levels and that psychic development depends on the organization of progressively higher levels of integration, in the absence of which the person is mentally retarded.

It is literally true that every person has to "get on the ball" and get integrated every day anew. During sleep, integration drops back to physiological supporting levels. On awakening, the person must get himself "together," "get started," and strive to regain maximum integration once again. In other words, every person is faced with the constant necessity of achieving maximal integration across time and, of course, this is difficult to accomplish, so that less than maximal integration is the rule.

In the course of any complex problem solution that involves complex sequences of appropriate behaviors, it is possible to observe wide fluctuations of integrative level as when a sequence breaks down and has to be begun over again. Any skilled action that requires perfect integration of a long series of controlled parts may involve false starts, errors of execution, setbacks and imperfect solutions. It may take years to refine the complicated sequences needed to win any contest (playing chess, winning a race, learning to pitch baseball), to perfect performance skills (painting works of art, performing in an orchestra, becoming part of a coordinated team), to solve mathematical problems (duplicate contract bridge), etc. Very few novices can put together winning performances, i. e., stay integrated in complex situations—often under great stress.

The clinical problem is to evaluate how well the integrative milieu is functioning in relation to the demands of current conditions. The person may have adequate potential resources, adequate training, proper motivation, and favorable environmental conditions, but still be unable to put it all together optimally except through long experience. There can be no substitute for wisdom attained from long exposure to the white heat of adversity or for the judgment that only valid experience can yield.

Even the professional clinician may have difficulty in comprehending what we are trying to say. In our experience, many experienced clinicians show no comprehension of what a psychological state is, what integration involves, how the integrative milieu functions, or how to interpret phenomenal integrative states. It helps to understand one's own integrative processes to know what these involve and how to interpret such data in others.¹

¹It is impossible here to review the history of the concept of *integration* in detail. The term has been used rather loosely in psychology and psychiatry for over 50 years, but until now there have been few attempts to delineate operationally the phenomena to which it refers. My own interest in the concept was stimulated in 1926 by William M. Marston, who taught my first course in psychology. Marston approached integration phenomenologically and formulated a list of factors known to modify consciousness objectively; this was incorporated in his book *Integrative Psychology* (1931). I had Prescott Lecky as instructor in *Psychology 2* (1927) and *Personality* (1928). Lecky's (1945) Self-Consistency theory was concerned with the resolution of affective conflict and cognitive dissonance. Lecky had been influenced by L. L. Whyte's (1949) unitary principle in physics and biology, which was defined as an universal process in nature in which asymmetry tends to disappear with the development of symmetric stable forms.

My own graduate and postgraduate development evolved in three phases. Between 1930 and 1945 I made an encyclopedic survey of the literature and attempted to synthesize all relevant theories, which eventuated in my developing a wide-spectrum eclectic approach and applying all contributions where valid. My first awareness of an hierarchical ordering of factors that potentially organize integration came from a brief discussion and chart in Gordon W. Allport's *Personality* (1937). Freudian theory had implied a theory of integration based on the psychology of the unconscious, but I had rejected later amplifications by Hartmann (1958, 1964) and French (1952) as too abstruse and limited in relation to a wide range of psychopathology not validly explained by Freudian theory that involved too many high-level semantic abstractions.

Other relevant contributions came from Wiener's (1948) cybernetic theory and von Bertalanffy's (1968) systems theory. Although Wiener included a chapter on psychopathology in which the word integration was mentioned, his major emphasis was on the construction of a mathematical model relevant to psychological control mechanisms and did not involve any comprehensive formulation of integrative processes. Systems theory expanded the number of factors on parallel levels of interaction between internal and external systems without really dealing with problems of integration.

Between 1955 and 1965, I attempted to rework the entire field of psychological and psychopathological theorizing on my own, to retain contributions of the classical schools eclectically, but to construct my own synthesis of relevant constructs. My first exposition of psychological state theory appeared in my *Personality* (1961) and was developed into a comprehensive integrative psychology in *Integrative psychology* (1967). During this second phase of the evolution of my thinking, I evolved new classifications of psychological states and existential reactions analyzed hierarchically.

The third phase (1965 to date) involved an attempt to create a body of research that would objectify both the nature of psychological states and integrative psychology. Proceeding on the assumption that factors that organize integration were arranged hierarchically, I devised the *Integration Level Test Series*, which involves eight hierarchical levels (systems) of etiological factors derived from the literature. In a series of cooperative factor-analytic studies, data were gathered from a wide diversity of population samples. Thorne, Haupt and Allen (1966) published an initial factor analytic study of *The Sex Inventory* that dealt with Freudian-type sexuality factors. Thorne and Pishkin (1968) investigated ideological composition by means of *The Ideological Survey*, existential factors by means of *The Existential Study* (1973), and life style factors by use of *The Life Style Analysis* (1975). Monographs that report factor analyses of the four other ILTS tests, and also a grand factor analysis across the factors derived from the subtests, are in preparation. Results to date appear to confirm the validity of the grand research design contrived by Thorne (1976) to study psychological states and integrative processes.

Future plans call for the consolidation of advanced systems analysis with integration theory. Systems theory appears to present a most logical approach to the identification of all the classes of factors that potentially organize integration. The concepts of *levels* and *systems* are, in many ways, compatible and complementary. I have given the major emphasis to the concept of hierarchical integration levels, which is more comprehensive than system concepts.

I have striven diligently to present my recent writings in basic English to avoid the semantic morasses and high-level semantic abstractions characteristic of many psychological theories whose

THE GLOBAL UNIT OF THE PRESENT STATE

Any moment in life literally can become a problem situation with its own special conditions that require specific optimal solutions. The global unit of the momentary status of the person running the business of life in the world must be conceived of, diagnosed and dealt with as involving a specific integrative milieu responsive to the particular conditions and problems of the moment. The global situation is a unit, and as a consequence the integrative reaction also should be regarded as a global unit, an holistic response to a specific problem.

The clinical problem becomes more complicated when it is considered that the integrative milieu (field of integrative forces) normally is changing constantly relative to changing conditions. Patterns relevant to one situation may not be relevant to slightly changed situations. Thus an extraverted integrative pattern may be appropriate in one situation, but not in another. What is relevant at one time and place in a specific situation may not be relevant for any other time or situation. Creative persons constantly are changing their strategies and tactics for many reasons that range from simple ennui to trying to do things better.

Standard types of patterns as reported in the literature simply may reflect central tendencies not characteristic of any single person or condition. It is possible to describe "normal" standards or patterns relevant to one time or condition that are not acceptable in another time and culture. Theoretically, each person should know what is best for himself, but an objective survey of outcomes may bring into question the validity of such choices in terms of social survival values.

Psychological states should not be evaluated in terms of some theory or credo, but only in terms of specific situational contexts. The global unit is what the person is doing in a situation.

INTEGRATIVE PSYCHOPATHOLOGY

The theory that all behaviors involve unification organized by various types and hierarchical levels or systems of integrative factors implies that inadequate, maladaptive or pathological behaviors inevitably must reflect underlying integrative disorders. In order for a person to "put it together" optimally, the integrative milieu must unify or integrate all etiological factors perfectly. Unless all necessary components are represented properly, integrative defects, deficits, imbalances or disintegrations inevitably must result. Consequently, the diagnostic problem is to identify situations in which integration is not being effected properly or is breaking down.

It is possible to state general postulates that describe and/or explain the nature and causes of various types of integrative disorders.

Postulate I. *Integrative defects* are caused by defects of the organic substrata. Neurophysiologic disorders prevent integrations from being organized.

Postulate II. *Integrative deficits*. Integrative functions are present in more or less rudimentary form, but do not function consistently across time with maximum efficiency. Integration may fluctuate or fail to achieve maximum efficiency due to many causes.

Postulate III. *Integrative decompensations* involve disruptions of integrative processes, usually in reaction to severe stress, are transient in nature, and tend to return to normal when stress is removed.

Postulate IV. *Disintegration* (loss of integration) may be acute or chronic, global or partial, and reflects disruption of inner process functioning.

creators felt it necessary to invent esoteric new vocabularies that only confuse the issues. Some readers accustomed to more complex semantic abstractions may perceive this presentation as naïve and unsophisticated, but be assured that it is just the opposite. It is only from years of experience that the eclectic can reduce diverse theories to their least common denominators and deal with raw behaviors in the lowest possible semantic abstractions. I have attempted deliberately to simplify this presentation into something that any educated layman can read easily and understand.

- Postulate V. Integrations may be organized by healthy or unhealthy factors at any level, but may have positive or negative social effects. When integrative processes are basically normal and the person can be described as integrated, there still remains the issue of whether any state of integration produces positive or negative behaviors.
- Postulate VI. Integrative processes may function on input, connector, or output levels that involve any combination of factors.
- Postulate VII. Integrative disorders that involve input levels tend to prevent necessary information on present conditions from being represented in the integrative milieu.
- Postulate VIII. Integrative disorders that involve connector (associative) functions tend to produce perceptual, concept formation and thought disorders.
- Postulate IX. Integrative disorders of output functions may tend to prevent ideation from being translated into action.
- Postulate X. Inner process disorders may flood or overdetermine the integrative milieu, which results in "hang-ups."
- Postulate XI. Integrations tend to be organized by progressively higher levels of organizing factors; the goal is to maintain the highest levels of integration across time. The higher the level, the more dynamically important it is.
- Postulate XII. Integrations occur on increasingly complex hierarchical levels, each of which functions autonomously, with lower levels that silently support or contribute relevant factors to the integrative milieu.
- Postulate XIII. The prime need is to maintain the highest level integrations across time. Actually, maximally perfect integrations are difficult to achieve and may be achieved only occasionally and then briefly.
- Postulate XIV. Every person acquires an existential "batting average" or success-failure quotient that reflects his average levels of integration in various areas.
- Postulate XV. The goal is for each person to transcend his own previous levels of integration and even possibly to establish new world records of specific achievements.
- Postulate XVI. The highest integration levels make possible increasingly complex levels of self-control, i. e., the person becomes more and more the cause of his own effects.

The analogy can be drawn between a space craft that requires several levels of booster rockets, each of which carries the ship higher in order finally to reach orbit. It requires comparably complex hierarchical levels of integration to get into existential orbit. Only increasingly complex controls can make all this possible.

CLASSICAL PSYCHOPATHOLOGY AND STATE PSYCHOLOGY

Much of classical psychopathology is relevant to integrative disorders if reconsidered in terms of psychological state theory rather than obsolete trait or personality structure theories. No matter what theoretical orientation to psychopathology is utilized, the fact remains that the basic requirement is to explain clinically significant psychological states. Because all basic raw behavior data occur only in the form of "states," the clinical problems are to identify the nature of the state and its etiology. Freud's psychopathology of everyday life, for example, may be relevant (in relation to psychological states that can be demonstrated to have "inner process" determination) to the degree to which such theory can explain the types of integrative milieu capable of producing such behaviors. Freudian topological psychology, however, may be less relevant to existential situational

problems that have to do with taxation, civil strife or the Four Horsemen of the Apocalypse.

Self-psychology may be very relevant to Self-concept disorders. Adlerian individual psychology may be relevant to life-style disorders. Social psychology and sociology contribute much to the understanding of demographic factors, social class factors, discrimination problems, etc. Dissonance theory and the psychology of conflict and defense mechanisms may be relevant to conflict resolution problems. But in all of these cases, the theories must be reoriented to explain and deal with "state" phenomena. The basic issue concerns the role of any class of determining factors in organizing the integrative milieu and its disorders.

JUDGMENT AND INTEGRATIVE PSYCHOPATHOLOGY

It should be stressed that much integrative psychopathology involves errors of judgment. Judgment is always the resultant of integrative processes. The quality of judgment reflects the quality and calibre of integrative processes, i. e., how well the person "puts it all together" with all pertinent factors represented.

The range of integrative processes requisite to everyday adjustment perhaps is illustrated best by the adaptive demands placed on the frontiersman, who had to do everything for himself. He had to find a secure homestead with fertile land and ample water, learn how to hunt and fish, plant and raise crops, build a house that would stand up and keep him warm, cut wood for the winter, cut ice for the summer, raise livestock for food and clothing, make his own tools, and protect himself against all enemies.

The hunter who couldn't kill his prey, the farmer without a "green touch," the man who was not handy with his hands, the father who couldn't protect his family—all of these failed, usually because of inadequate integrations that led to poor judgment.

Modern welfare societies make no such demands on a person. A man can earn a living by the simplest unskilled work such as dish washing or cranking a machine handle all day. Even if he doesn't want to work, welfare will care for him and his family. Very few skilled acts or decisive judgments are required of most people. On the other hand, life still has many challenging situations such as how to raise a submarine from the ocean bottom 5,000 feet deep.

Life (nature) is perverse in that difficult problems present many setbacks and opportunities for not making the proper actions and judgments. Clinical integrative diagnosis involves the analysis of where, when, how and why significant actions become successes or failures.

What all this means is that any behavior can be evaluated in terms of its distinctive integrative quality. This is essentially the goal of all clinical operations—to reach judgments as to the clinical significance of any behavior under study. Some clinical judgments may be more valid than others, but all have a common purpose.

It follows that the tremendous range in integrative statuses manifested by different persons, or by the same person at different times, must be associated with resultant variations in the qualities of actions. Hence we find that some persons are almost universally ineffectual or in error, while a very few persons are consistently effectual and correct in their actions. It may be assumed that any person is less than perfectly integrated until it is demonstrated that he is effectual.

THE CONSTANCY OF PSYCHOLOGICAL STATES

Classical trait and personality theories have postulated the existence of psychological traits and/or personality structures to explain observed constancies of behavior. Similarly, standard experimental-statistical methods have attempted to measure traits and/or structures by methods designed to measure constancies. The difficulty has been that, although some constancies can be demonstrated, the finding of some unchanging behaviors does not necessarily prove or disprove trait-

structure hypotheses. Many factors other than traits or structures can cause behavior constancies. The difficult problem is to differentiate genuine traits or structures from functional constancies.

Psychological state theory recognizes the existence of behavior constancies that occasionally may reflect traits or structures, but more properly should be regarded as the central tendencies of potentially changing psychological states. Psychological state theory postulates that many relatively unchanging determining factors may be represented in the etiological equations of recurring psychological states. Further, a large number of these relatively constant determining factors reflect the operation of normal psychophysiological supporting factors, habits, mental contexts, conditionings, ideological and attitudinal structures, role-playing skills, social status factors, life styles, self-concepts and existential statuses. Progressively higher levels of integration maintained across time make possible considerable degrees of planning and self-regulation as the person runs the business of life in the world and utilizes appropriate impulse controls, rational-logical thinking, and effective problem-solving skills. Although every person shows some degree of psychopathology in everyday life, normally much behavior is determined by normal psychological processes not determined by psychopathology.²

Autonomic stability provides a neurophysiological support for higher level integrations.

Circadian and other physiologically determined rhythms establish recurring cycloid patterns that normally are fairly constant and predictable.

Habit patterns establish conditioned psychological supporting functions that determine constant reaction tendencies.

Affective conditionings tend to be constant in relation to specific objects, particularly if such objects retain constant stimulus values.

Cognitive training produces relative constancy of perceptual, concept formation, rational thinking and logical problem-solving skills.

The progressive acquisition of more and more complex controls through years of training and practice in self-controls makes possible considerable self-regulation and other volitional phenomena.

Ideological and attitudinal structures tend to remain relatively constant.

Role-playing skills tend to remain relatively constant, although progressively refined and more efficient.

Social status identifications change, but usually slowly.

According to Adler, life styles are acquired very early and tend to remain constant throughout life.

Self-concepts and ego functions tend to change slowly during the various life eras.

Existential status tends to change slowly in the absence of drastic changes in self-status.

What do change constantly are the environmental conditions and the integrative capabilities of the person who is running the business of life in the world,

²Rejecting the hedonistic contention that life is valuable simply as a source of pleasure or self-gratification, and also begging for the present the question of what constitute good or healthy values, we argue that life is valuable primarily as the source of useful activity and productivity. Although all kinds of theoretical values can be attributed to life itself, being alive, valuing one's own life, etc., life in a vacuum of Non-Being (inactivity) is essentially meaningless. Value is always a referential term and has little meaning until referred to specific issues, conditions, uses or outcomes. Valuable to whom and under what conditions?

Behavior is only potentially valuable until it is actualized in the outcomes of action. If issues of relativity are going to be raised in relation to values, it may be sufficient merely to make an objective description of actions and to let each observer deduce his own value judgments.

which constantly is changing and never is the same. Even though external and internal conditions may reflect extreme stability across relatively long periods of time, so that behavior constancies are quite evident, the critical factor is the integrational status, which can change at any time.

TRANSIENT DECOMPENSATION STATES

Normal integrative patterns may be disrupted by transient imbalances in the integrative milieu occasioned by trauma, increased pressures, extreme cycloid changes, epileptoid phenomena and other temporary threatening or conflictual situations. These transient integrative imbalances have been variously labelled in the psychiatric literature.

A furore is a state or "fit" of angry or maniacal excitement.

To go *berserk* is to enter a state of frenzied or reckless defiance, as in battle.

An *hypnogogic* state involves the drowsiness that precedes sleep. An *hypnopompic* state involves the semiconsciousness that precedes awakening. *Hypnosis* is a state that resembles sleep induced by suggestion.

A *fugue* is a disturbed state of consciousness in which a person performs acts of which he appears conscious, but cannot afterward recall.

Hysteria is a state of unmanageable fear or emotional excitability.

Temporary insanity is a time-limited outburst of psychotic behavior, usually caused by severe inner conflict.

Transient decompensation is a temporary psychic imbalance usually reactive to severe trauma or overstimulation, but not necessarily psychotic in nature. Compensation (balance) usually is recovered quickly when traumatic conditions are alleviated.

The term *transient decompensation* aptly describes psychic states that reflect temporary imbalances or disruptions of the integrative milieu. The characteristic pattern is one of affective overdrive in which affective excitement states that involve intense fear, anger or sexual excitement temporarily flood the integrative milieu.

Sexual excitement states usually are terminated abruptly by orgasm or climax, after which blind passion is replaced by rational logic.

MINIMUM FUNCTIONING LEVELS OF INTEGRATION

Minimal levels of integration are necessary to maintain minimal functioning in the business of running one's life in the world. Most life situations require minimal performances and/or achievement, in the absence of which the person is psychologically disabled.

Clinical judgment is used widely to discriminate at least minimal levels of functioning. It is usually immediately evident when a person is not functioning on minimal levels of competence. The general criteria are (a) orientation as to person, place and time; (b) behaving purposefully; (c) behaving consistently to the demands of the situation; and (d) being at least minimally productive in useful tasks.

Disregarding questions as to the validity and relativity of judgments that concern normality, the fact remains that people constantly judge each other as to normality or appropriateness of behavior with varying degrees of sophistication and correctness. Studies of clinical judgment indicate that sophisticated laymen often make judgments on psychological dimensions with levels of validity comparable to professionals. The fact that this is even possible argues for the existence of reliable cues that hopefully can be objectified.

Even the most cursory observations may indicate that the person looks integrated as evidenced by being conscious, alert, oriented, intent, purposeful and self-contained. Conversely, a poorly integrated or disintegrated person may be asleep or comatose, not attending, distracted, preoccupied, distraught, uncertain, silly, inappropriate, or overactive.

More direct evidence comes from observations of the person *in action*. The well-integrated person appears purposeful, productive, achieving, meaningful, consistent, persevering, aware of all factors pertinent to the situation, and creative in coping strategies.

Given that the person has available all the resources necessary to maintain minimal levels of integration across time, the next questions relate to the degrees and/or levels at which the person has actualized or maximized integrational potentialities. There are all degrees of integration, which range from resting states or "marking time" to the highest levels of active creativity. The analogy to the question of how many cylinders an automotive engine is running on is pertinent here. The person who is just marking time or resting is integrated at minimally functional levels. States of increasing activity necessarily must involve more complex or higher levels of integration.

Perhaps the simplest method to estimate minimal integration levels is to make time studies of the number of hours and minutes that a person spends unproductively. Excessive time spent in sleeping or in bed, resting, marking time, daydreaming, "goofing off," doing nothing, or functioning as a passive observer or participant probably reflects minimal levels of integration. Of course, global disintegrations usually are recognizable by laymen, who may not understand their origins or nature as well as professionals. Psychoneurotic behavior also frequently is recognizable by laymen, who describe partial disintegrations as being "hung up" or "going to pieces."

Many people appear to be functioning on a level of barely "getting by." While natural tempos, metabolic levels, speed functions of intelligence, etc., may determine base levels of rates of functioning quantitatively, acquired attitudes toward work and other types of motivation may introduce voluntary factors into how much effort the person puts out. In the army, for example, the term "soldiering" means to try to appear busy while actually doing as little as possible. Organized labor may establish quotas concerning how many bricks a mason is supposed to lay in one working day. Many people just drift along, devoting minimal attention to the job, and "getting by" with as little work as possible.

LEVELS OF INTEGRATIVE COMPLEXITY

In the evolutionary process in which individuals and cultures develop, every neonate and every society strives to achieve higher levels of actualization and achievement. In the developmental process, growth proceeds in stages and patterns of increasing integrative complexity. The person normally transcends lower levels of integration in a process that even may eventuate in striving to transcend the highest previous human accomplishment, i. e., to achieve new world records for qualitative or quantitative peak experiences. Literally, "the sky is the limit," and no one knows what he can accomplish unless he struggles to achieve progressively higher levels of controlled performance.

The young person often is satisfied with lower levels of accomplishment (which in themselves may represent excellent achievement), but still be unaware of higher levels of peak experience simply because he has not yet lived long enough to know what they involve or to have achieved the experience that makes them possible.

Most people succeed in achieving integration in limited areas which, indeed, may pay off richly if in great social demand, e. g., a plumber may be invaluable when the toilet is plugged. A lesser number of people have developed various permutations and combinations of multiple integrational skills. Almost nobody

does everything well all the time. It may be sufficient for a genius to have a genius thought once a year, or even once in a lifetime, to achieve lasting contributions to human culture. The clinical problem is to identify and analyze the integrative patterns that make the highest achievements possible.

THE 24-HOUR GAMUT OF INTEGRATIVE STATUSES

Time studies of 24-hour activity patterns demonstrate the wide range of different states and their underlying integrative milieu that characterize a typical day's activities. Starting with vegetative levels of integration during sleep, bladder- and bowel-determined states at regular cyclic intervals, habit patterns of grooming and getting to work, wide ranges of coping activities, and even a few moments of peak performances, the gamut of integrative statuses fluctuates constantly.

The important fact is that literally every second or minute involves the potentiality of either being or not being maximally integrated. It is too easy to "goof off" and not be "on the ball," to fail to ever become active, to fail in putting forth maximally integrated efforts, and even if integrated not to harness oneself in personally or socially valuable ways.

The fact is that the level of actualization of potential resources can vary from 0% to 100% at any instant or across time. If a person succeeds 50% of the time, or produces a minimal economic quota per unit of time, or even produces one superior effort sufficient to get by in any unit of time—these minimal levels of self-actualization may get him by in life. After all, if a man regularly breaks even 51% of the time on the stock market, or bats more than .250 in baseball, or lays the quota of bricks a day in a union construction job—he gets by and is considered adequate.

Actually, very few exceptionally well trained and stable persons at any level of ability ever operate at anywhere near maximum efficiency. Much time is lost doing nothing, or producing at less than capacity, or performing imperfectly, or doing useless things, etc. These are the reasons why much activity is so lacking in productivity and worth. Psychopathology is almost universal.

THE PERSONAL-SOCIAL SIGNIFICANCE OF INTEGRATION LEVELS

Integrative status requires diagnostic analysis on at least two clinical levels that involve (a) the fact or degree of integration, and (b) the personal-social significance of specific patterns of integration.

Integrated behaviors on various levels may be observed even at birth, and later manifest progressively more complex levels of factors represented in the integrative milieu. At the highest levels of performance and creativity, peak levels of integration are organized by the highest level factors.

It is obvious that any person who is able to be up and about in the world is to some degree integrated. The more complex the behavior that a person can emit, the more complex must be the underlying integrative milieu. The clinical problem is to recognize the fact of integration, the patterns of integration, and the levels of factors that organize integration.

It should be understood that although any person tends to maintain characteristic levels or degrees of integration, extremely high integrative states may occur only rarely and transiently as the person attains peak levels only for short periods. For example, a genius is not highly creative and perfect in his performance all the time. It is sufficient if genius attains its peaks only occasionally because only a few genuinely inventive moments may make everlasting contributions. In most actions, and in many areas, the genius may be completely average. It is only along the lines of his special abilities that uniqueness is manifest. The point is that the most perfectly integrated states are transient and occur only rarely.

Whether any integrated state acquires social significance depends on many factors. Many highly integrated experiences are completely private and subjective and contribute only to the richness of personal existence. Other high performances

may occur in isolation away from public view and be unnoticed. Occasionally, the time becomes ripe for public recognition of behavior that previously or later might be ignored. In general, only very low or very high performances attract much social attention. Average performances tend to be taken for granted. Ultimately, the social significance of any pattern is determined by its relatively positive or negative social consequences.

A distinction should be made between authentic excellence and mere notoriety, exhibitionistic extremes, or antisocial excesses. Egoists, exhibitionists and criminals can be highly integrated by socially undesirable or unworthy organizing factors. For example, the criminal "ethic" can produce some highly integrated, but totally asocial behaviors.

The clinical problem is to discriminate the personal-social significances of integrative patterns that underlie critical events. Most behavior patterns have little personal or social significance and contribute merely to humdrum existence. Most lives reflect mediocre levels of integrational excellence. Here again, we temporarily beg the question of what are the criteria of quality or excellence. We agree that they usually are completely relative, but at the same time point out that authentic self-actualization generally is recognized across cultures. The fully human person is recognized, acclaimed and rewarded almost universally across cultures. Great opponents always are respected if not loved. The high wages paid to great entertainers and performers testify to the universal respect for human quality.

DISCUSSION

Idealists, optimists, do-gooders and other types of professional humanity lovers will denounce this theory of integrative psychopathology immediately and claim that it is too misanthropic, nihilistic, pessimistic, cynical and derogatory to the assumed dignity of Man. It will be claimed that good always triumphs over evil, that God is good, that Man is basically good, that we should maximize the good and minimize the bad, and that we should praise rather than criticize.

The difficulty with idealism is that it tends to blind a person to reality. What is ideal is rarely what is human. Theological conceptions of the origin and nature of Man bear little relation to reality.

From the scientific psychobiologic viewpoint, every living thing starts out as an experiment of nature; only a few relatively perfect specimens ever occur. Man has an average mental age of 14 years, is subject to all kinds of developmental trauma, is conditioned more or less haphazardly by imperfect educational systems, and rarely achieves maximal self-actualization of resources. Any realistic evaluation of the nature of Man must result in a characterization of immaturity, imbalance, inadequacy, ineffectuality, nonproductivity and lack of achievement as demonstrated by the huge hordes of also-rans who never achieve distinction.

In fact, this latter characterization is not merely a misanthropic bias that can be rejected forthwith as such. To the contrary, an accumulating mass of statistical demographic data testify to its correctness when all evidence that relates to incompetency, retardation, disorder, poverty, crime, divorce, addiction, and other social statistics is analyzed.

The consternation and disillusionment shown by the American people in reaction to the disclosures of the 1970s re the perfidies and frailties of prominent politicians and leaders appears to represent an overreaction incident to the frustrations of idealists on discovering that their idols have feet of clay. The revelations of Watergate should have surprised no one because such shortcomings were long known to exist across generations of politicians. There had been what amounted to an unwritten conspiracy among the media and even the public to hide the peccadilloes of the leaders so that known drunkenness, meanness, sexual excesses and baksheesh generally were swept under the rug by mutual consent.

A more realistic and insightful view of human nature would have anticipated the excesses of My Lai and Watergate in a situation in which representative samples

of the general population who displayed integrational defects, deficits, immaturities, imbalances and disintegrations attained positions of power.

In view of the fact that alcoholic generals may still win battles, that sloppy housekeepers may make good mothers, that sexual athletes may be great movie stars, or that many people who are successful in some roles may be total failures in other roles, it is necessary to ask whether it really mattered whether John F. Kennedy had 1500 mistresses or that Richard M. Nixon played dirty tricks and even lied to the people, or that many powerful men have been shown to have feet of clay. Let us not be shocked by constant rediscovery of the frailties of Everyman.

In the current intellectual atmosphere, many social scientists are unwilling to make value judgments about other persons or their actions on the grounds that (a) values always are relative to person, time and place; (b) only the person knows what is best for himself; (c) there are great dangers in projecting one's own values on others; and (d) it is undemocratic to make derogatory judgments that might discriminate against another person.

It should be remembered that one purpose of clinical judgments is to make predictions as to the outcomes of behaviors or courses of action that may be valuable in understanding and helping a person with his life. One could take the noncommittal position of declaring that it is nobody else's business what a person does, so that it is improper or unethical to make value judgments on the person or his actions. Nevertheless, the whole purpose of clinical work is to diagnose, evaluate and ultimately predict or judge the outcomes of behavior.

Whether or not a layman or professional makes value judgments on behavior, it may be expected that natural consequences ultimately will clarify whether any action was beneficial or destructive. Life does not go on in a vacuum, but only in a psychobiologic context in which every action has its costs and nature takes its toll from unhealthy outcomes. No society in human history has yet contrived welfare systems capable of protecting everybody from the hazards of life. The natural order exacts its tolls, which may be alleviated to some degree, but never entirely abolished. Natural disasters are largely unpredictable and unavoidable in their consequences. Life is difficult enough at best and may become unsupportable in the event of excessive error and waste.

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