

## DISEQUILIBRIUM AS AN ESSENTIAL COMPONENT OF PSYCHOLOGICAL HEALTH\*

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The author observes that, apart from K. Dabrowski, four major North American Psychological theorists now view the positive aspect of psychological disequilibrium, namely: E. Erikson, E. Shostrom, R. May and V. Frankl (from Vienna and San Diego). Having compared the particular way in which each of the mentioned authors approaches this positive aspect and noted their interrelationship, he argues that it becomes necessary to change the meaning of the concepts of health and disease as related to psychological disequilibrium. A new definition of these concepts is thus offered and illustrated.

### INTRODUCTION

The aim of this paper is not so much to expand on any one particular aspect of the Theory of Positive Disintegration (Dabrowski, 1972) but rather first, to show how the core idea of this theory, namely the positive aspect of psychological disequilibrium put forward by Dabrowski as early as 1937, is gaining momentum in North American Psychology; and secondly, to offer a new definition of the concept of psychological health which would take into account this new current. Let us then start examining how four other North American theorists, E. Erikson, E. Shostrom, R. May and V. Frankl\*\*\* view the positive aspect of psychological disequilibrium.

### THE OTHER APPROACHES

#### 1. *E. Erikson*

Erikson's approach (1968, p. 91, 248-249 and others) deals basically with adolescence. It is not before this period, indeed, that the individual develops the prerequisites in the area of physiological development, mental maturity and social responsibility for living the identity crisis.

Erikson refuses to equate health and absence of disease. He sees human growth from the point of view of the internal and external conflicts to which personality is subject. The person emerges from each crisis with an increased sense of internal cohesion, a wiser judgment and a greater capacity to do well according to his own values and those of the beings he admires and respects.

Human development takes place in six stages which he terms as the following: infancy

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and the mutuality of recognition, early childhood and the will to be oneself, childhood and the anticipation of roles, school age and task identification, adolescence, and beyond identify. Each stage of the vital cycle implies a crisis due to the radical change in perspective. The word crisis is employed in a developmental way, meaning not the risk of a catastrophe but rather a turning point, an important period where vulnerability is greater and the developmental potential in effervescence.

During adolescence, this crisis manifests itself at turns by a devoted conformism and an extreme deviance from the norm. By reviewing the psychosocial development of humanity, it is possible to evidence the importance of both the conformist and the rebellious individual. The conformist is necessary to maintain certain values; on the other hand, without revolution, the evolution of humanity could be greatly delayed and compromised.

Deviance from the norm and the development of identity are often associated, in exceptional beings, with neurosis and psychosis. The neurotic expressions of these beings during adolescence seem to be correlated with their future grandeur and historical role. An essential link exists between the creative potential of an individual and the depth and scope of his personal conflicts.

For Erikson, therapy is not always indicated in cases of psychological disequilibrium. He proposes the following criteria: When an individual possesses psychological problems, he is probably not sick but when he is possessed by these same problems, then it should not be too difficult or dangerous to accept help from a therapist in order to pass from the second state which is passive to the first one which is active.

## 2. E. Shostrom

Shostrom (1972, p. 42, 53, 62 and others) observes that most people cannot spend all of their life on a plateau. The great majority has its ups and downs. Even though this may seem to be paradoxical, it is possible to develop in a positive way as a result of accepting to live each experience of preoccupation, impotence, fear, pain, suffering or frustration as fully as possible.

His research suggests that the health of actualized people rests on their capacity to express themselves in a creative way on two basic polarities; strength-weakness and love-anger. In a broad sense, actualization can be defined as a feeling of relationship with the world based on a healthy interdependence (in contrast to dependence and independence). Psychopathology is an effort towards actualization which is blocked or has become deviant. When a person can feel separated and autonomous while at the same time flow in a rhythmic way in his interpersonal relationships between strength and weakness, love and anger, he can thus immunize himself against neurosis and psychosis.

The essence of the therapeutic process consists in living fully one's problems instead of running away from them. Facing one's limits permits the discovery in oneself of new resources. The mature man uses his frustrations as a dynamism which propels him forward in the road toward self-realization.

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## 3. R. May

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There is an urgent need, according to Shostrom, for new therapeutic methods which, instead of being preoccupied with the diagnosis of the patient, appreciate rather the creativity of his pathological efforts to survive in his situation. We should congratulate the patient for trying an original way of being in the world, instead of telling him that he is dangerously abnormal and in need of help. The therapeutic process should aim gradually at replacing the awkward modes of survival which have resulted from the initial creative efforts of the patient by other modes favoring personal growth.

### 3. *R. May*

The distinctive character of human anxiety, in contrast to animal anxiety, results, according to May (1967, p. 72-82 and others), from the fact that man is a valuing animal, a being who interprets his life and the world in terms of symbols and meanings and who identifies these to his existence as a self. It is when he sees that his values are threatened that man becomes anxious. May defines anxiety as the apprehension brought about by a threat to a value which the individual considers as essential to his existence as a self. Physical life can be threatened for example, by death; or psychological life for example, by the loss of freedom; or any other value which the individual associates to his existence as a self can be threatened for instance, values such as patriotism, love, prestige, devotion to scientific truth, beauty or religion.

The first values of the child are care, food and love which he receives from his mother. Along with the process of maturation, a constant transformation takes place at the level of values which the individual considers as necessary to his existence and the frustration of which produces anxiety. In the normal individual these values take on more and more a symbolic character. The more neurotic an individual's anxiety, the more he tries to satisfy, continually, these same values he had at a lower developmental level.

The values and anxiety of the individual are conditioned by the fact that he lives in a given culture at a given moment of history. May believes that modern man is presently going through a period of crisis for, having more or less succeeded in conquering the physical world, he has started to conquer himself. In doing this, he has dealt with himself as an object, just as he had done during his conquest of nature. The subject and the object in himself are in conflict and this constitutes the human dilemma of our age.

As anxiety is a reaction to the threat of values associated to existence as a self, nobody is released from anxiety for no value is beyond attack. This is at the root of normal anxiety. Moreover, values are always in process of changing. The only guarantee against anxiety, although only in surface, would be to fixate one's values in dogma. Dogma is only a temporary security, the price of which is a renunciation of any new learning and any future growth.

Normal anxiety, according to May, is one which is in proportion to the threat, and which can be confronted in a positive way at the conscious level (or which disappears when the threat is no longer present). Neurotic anxiety, on the other hand, is a reaction which

is disproportionate to the threat; it implies regression as well as other intrapsychic conflicts and is controlled at the expense of a reduction of activity and awareness. Normal anxiety is an integral part of the individual's development: All development implies a departure from former values in order to incorporate broader and deeper values.

Thus the aim of psychotherapy is not any more to help the individual to be free of all anxiety but to liberate him from his neurotic anxiety so that he can live in a more fulfilling way his normal anxiety. The self develops and affirms itself by the incorporation of normal anxiety in the quest for superior values.

#### 4. V. Frankl

Opposing the theory of homeostasis, Frankl (1969, p. 47, 87-88 and others) does not conceive tension as something to avoid at all cost, and the peace of the mind as something to seek unconditionally. A healthy degree of tension, as that which results from the will to give meaning to one's life, is inherent to human nature and essential to psychological health. Man will find this meaning by the devotion to a cause or a person; and simultaneously realizing creative, experiential or attitudinal values. One realizes a creative value through action and production, an experiential value through allowing the superior emotions to fully emerge; finally, even though placed in a difficult situation without any possibility of escape, or suffering from an incurable disease, man retains at least the freedom to choose the attitude he will adopt towards his fate and thus can change a tragic or painful condition into an actualizing mode of being.

Frankl considers three main types of neurosis: Somatogenic neurosis which is of biological origin, psychogenic neurosis which is of psychological origin and noogenic neurosis which is of spiritual origin. It would be wrong to interpret the existential vacuum as a pathological phenomenon. This is due to the fact that we have projected it out of the noological sphere and into the psychological sphere. Existential vacuum is not a neurosis; or if it is a neurosis, it is an iatrogenic neurosis, i.e., caused by the psychiatrist or psychologist who pretends to cure it. However, if the existential vacuum is not the result of a neurosis, it can be the cause of one. We then speak of noogenic neurosis. A noogenic neurosis is caused by a spiritual problem, a moral or ethical conflict and generally by an existential void, an existential frustration or by a frustration of the will to meaning.

The role of the logotherapist does not consist in relieving the patient of his will to meaning but in showing him that meaning is present in every situation and that he should be the one to discover it by self-transcendence and becoming responsible.

#### SYNTHESIS AND PROPOSAL

In summary, for Erikson disequilibrium is part of a healthy human growth and is especially pronounced at adolescence. For Shostrom, to live fully one's conflicts permits the discovery within oneself of new resources. May refers to normal anxiety as accompanying

the departure from health. There are also several other approaches to health, there is mainly in a philosophical perspective. Equilibrium is also a concept. R. Laing (1969) also

We believe that a new approach to psychotherapy is important, to the positive approach to the traditional meaning of health. The concepts of disequilibrium and equilibrium are new approaches to disease. Health and disease are not equilibrium; and disequilibrium, according to the same continuum (Frankl) the element of disequilibrium of disease should be health would become equilibrium and disequilibrium (except attainable by man)

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Fig. 1

DISEASE

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Fig. 2

the departure from lower values. As for Frankl, existential vacuum is not a neurosis. There are also several other North American authors who have expressed similar ideas without incorporating them in psychological theories. From the point of view of community mental health, there is mainly T. Szasz (1961); from the angle of humanistic biology, J. Salk (1973); in a philosophical perspective, M. Novak (1970). The positive aspect of psychological disequilibrium is also emphasized by a few European psychiatrists and psychologists, notably R. Laing (1969) and M. Mannoni (1970).

We believe that there are sufficient independent manifestations of a relatively similar approach to psychological disequilibrium, of which Dabrowski is probably the most important pioneer, to speak of a new current in psychological thought. To do justice to this positive approach to psychological disequilibrium, it appears necessary to modify the traditional meaning of the concepts of health and disease. We must indeed refine the meaning of the concepts of health and disease so that they can absorb and faithfully represent this new approach to disequilibrium. Until recently, we have defined in a rather simplistic way health and disease in relationship to psychological disequilibrium, health being a state of equilibrium; and disease being a state of disequilibrium. Disequilibrium and equilibrium, according to this definition, are mutually exclusive, as two opposite poles of a same continuum (Fig. 1). A better definition of the concept of health should integrate the element of disequilibrium to that of equilibrium; and a better definition of the concept of disease should associate the element of equilibrium to that of disequilibrium. Thus, health would become the capacity to alternate with fluidity between psychological equilibrium and disequilibrium; and disease would be defined as stability either in psychological equilibrium (except if this particular state of equilibrium is the ultimate level of development attainable by man) or disequilibrium (Fig. 2). In modifying the former concepts, health



Fig. 1. Traditional concepts of health and disease in relationship to psychological disequilibrium.

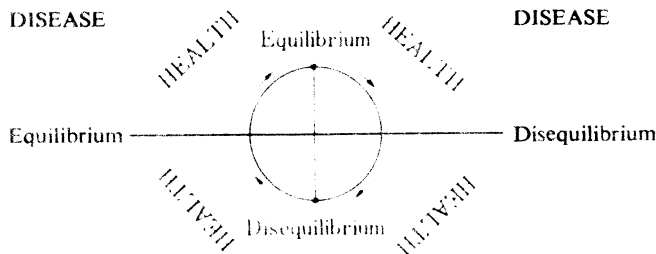


Fig. 2. New concepts of health and disease in relationship to psychological disequilibrium.

acquires a dynamic character while disease acquires a static character. One who would be considered healthy would never stop to develop, the wheel of growth passing by the point of disequilibrium as well as by the point of equilibrium; while the one who is crystallized at one or the other of these two points, without being able to transcend this state to also reach the opposite state, would be considered sick.

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#### Introduction

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