

PSYCHOPATHOLOGY: A DEVELOPMENTAL INTERPRETATION

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Kraepelin represented descriptive psychiatry; his clinical vignettes transformed symptoms into disease entities. The transition to a process concept began almost simultaneously with Bleuler's awareness that schizophrenia was a reversible and, therefore, functional condition. Eventually mental illness came to be viewed as interpersonal behavior (2) and very recently has been called a myth (11). However, the idea that psychological disturbance is an entity or cluster of symptoms, and an illness, persists. Yet, formal diagnosis and classification have been shown repeatedly to be unreliable; expert diagnosticians disagree with each other and with their own pronouncements over time. Something intangible often happens as a result of community recognition of psychological disturbance which may reinforce and perpetuate the symptoms. Hospitalization can crystallize or even produce symptomatology (12) by stripping away vestiges of identity, islands of competence, and defenses.

The meaning of and criteria for "normal" behavior are also in doubt. Normal behavior has meaning only in the context of some standard or criterion. It is conventional to recognize sociocultural, legal, statistical, ideal, and clinical standards (5, Chap. 3). These standards are reducible to two independent frames of reference, the statistical and the ideal. The statistical standard is non-evaluative; frequency of observed behavior is described. Legal and sociocultural standards involve evaluation by prevailing social norms. The ideal standard presupposes absolute moral and ethical precepts. The clinical standard is tempered by social reality and deals with what is, as well as what could be. The psychopathological extreme of the clinical standard continuum has invited our preoccupation historically.

KINDS OF PATHOGENIC PROBLEMS

There are, however, other ways to think of human problems. A person may have to "adjust" to or at least face certain kinds or classes of problems. In this endeavor teleology or finalism is assumed. Hu-

man beings are continually in a developmental sequence, striving to become images of their human potential. A relatively recent rationale for this essentially human process has been discussed by Shoben (10); the prolonged period of dependency and the capacity for symbolization are requisites for development. Maslow (7) has provided a theoretical context of levels of development intrinsic to man; characteristic need levels are physiological, safety, belongingness and love, esteem, and self-actualization. While many persons remain fixated at each level, movement from one level to another over a lifetime does occur. These levels are thus both interdependent and functionally autonomous.

Reality problems. Three major classes of problems predispose man to certain symptoms and life-style adjustments. Reality problems are simply situational emergencies, regardless of duration, in which there is awareness but momentary or prolonged inability to cope adequately with something tangible in the external world. The motivation for dealing with these problems is inherent either in the situation or in the accompanying anxiety. Changes in the environment or in the person's perception of it may be restorative.

Unconsciously determined problems. Problems stimulated by lack of awareness of internal events, by unconscious motivation, constitute a second class. They share symptomatology with reality problems. Anxiety or physical expressions of partially suppressed anxiety are classical symptoms. Life-style symptoms which are expressed as consuming preoccupations with work, religion, conformity, acting out, or perpetual activity to escape awareness are examples. These problems can be dealt with therapeutically. The anxiety is present or can be generated, motivating the person toward constructive solutions. Understanding of, or insight into the relationships between conscious and unconscious processes and past and present experiences may be helpful. In addition, practicing the consequences of awareness in daily living makes new responses habitual.

What we traditionally label as functional disturbance is undoubtedly related to these unconsciously determined problems. The so-called permanence of symptomatology is a function of the time the individual spends with problems at a particular level. People often spend most of their lives dealing with unconsciously determined problems. Life-style symptomatology while equally constricting is less often defined as psychopathology because there may be no

specific symptoms of distress or annoyance to others. Attention has been paid almost exclusively to those behaviors which are socially unacceptable and feared. Much disowning projection toward these specific symptoms occurs. Historically, the person who could be identified was excluded from society either by isolation or actual destruction. In this manner people are protected from awareness of their own specific symptoms.

At the same time this self-protection has enabled preoccupation with description of clinical entities and fostered several illusions: (*a*) that a given collection of symptoms could be endowed with a particular label; (*b*) that this clinical entity was stable over time and could be reliably identified; (*c*) that a given set of personality dynamics or past experiences predisposed a person to one syndrome and not another; (*d*) that highly specific treatments were the appropriate techniques for curing the person.

In fact, however, diagnosis was unreliable and unrelated to prediction of treatment or outcome; predictions from early experience were not valid; clinical entities seemed to wax and wane with apparently random symptom substitution; and each new specific treatment "worked" for a while and then provided only "average" results often indistinguishable from those obtained from no-treatment control groups.

Existential problems. Finally, a third class of problems has been identified which clearly does not follow the same rules or expose the same symptomatology. Existential problems are seen to arise from awareness of lack of any intrinsic meaning in life. Individuals who understand their unconscious motives or who have successfully come to terms with both instinct and social reality may still suffer from a loss of motivation and consequent despair. James Baldwin expresses the existential dilemma:

And the universe is simply a sounding drum: there is no way . . . to get through a life, to love your wife and children, or your friends, or your mother and father, or to be loved. The universe which is . . . other people, has evolved no terms for your existence, has made no room for you, and if love will not swing wide the gates, no other power will or can (3, p. 68).

Existential problems wither defense systems and render the habitual adjustments obsolete. The individual is faced with psychosis, suicide—or self-actualization. Psychosis is a convenient retreat; reality contacts are eschewed. Suicide may be symbolic or actual. In either instance the person has ceased to be.

For example, a woman in her early forties who had been treated psychiatrically for over a year is referred for psychological evaluation. There is singularly little motivation for change, and there may be a suicide threat. An abstract of the report follows:

Mrs. X is preoccupied with thoughts of mutilation, destruction, suicide, and death. Her appearance, however, belies the depth of depression revealed in test materials. This concern with death is thus both symptomatic and symbolic.

She has a fixed idea that unhappiness is an inevitable circumstance of her life. This is part of her belief that she cannot be helped by psychotherapy. In spite of these ideas, she is asking for help. She does not want to make any major changes in her life, realizing that she cannot run away from internalized problems. She fears that what she would lose by any change would be irreplaceable. Thus, there is awareness, bitter and absolute, without consequent behavior or any possibility of action based on self-understanding. She is resigned, and nothing that she can make happen is unexpected. The symptomatic effect of her preoccupation with death is reflected in an absence of motivation produced by compelling awareness, doubt, and paralysis of behavior.

Symbolically, there has been a loss of self. The preoccupation with death is a grief and guilt reaction, a lament for what might have been a defense against overt suicide. There has been a loss of the possibilities for self-development and self-realization. She feels in a "harem," "a cell," "on a bridge at night," "in a houseboat on a stormy sea," "falling down a staircase," etc. Unable to help herself or to control her own life, her life and its crucible of unexpressed wishes have become a prison. Too weak, too dependent, and too much in touch with the physical world, suicide is not possible for her. She may only indulge in fantasies of self-destruction in atonement for having "let herself down," for having failed to live in a constructive manner, for having failed herself as a human being.

Existential dilemmas are particularly difficult to resolve in our day because there has been a progressive loss of vitality, a diminution of the capacity for inner experience. Henry Adams complained about this condition as early as 1904: "Our age has lost much of its ear for poetry, as it has its eye for colour and line, and its taste for war and worship, wine and women" (1, p. 42). When human vitality is reduced, men cannot easily renew and replenish themselves by themselves. Their resources that can be translated into simple expressions of courage or faith are depleted. The result is a weakening of the basis for trust in oneself and in other persons. Without trust there is no joy. As Marianne Moore has said: "Satisfaction is a lowly thing, how pure a thing is joy. This is mortality, this is eternity" (9, p. 22). And the necessary motivation for any human activity suffers.

PARADOXES IN MEETING PROBLEMS

Self-actualization from this point of "compelling awareness," as in the case of Mrs. X, involves the resolution of three paradoxes. The

difficulty is in mustering the necessary motivation to invest the paradoxes with sufficient meaning. First, in an existential crisis the person is faced with the paradox, to be protected or to grow. Personal reality is painful and we all fabricate private parables whose sources are soon obscured. But growth or change is predicated upon clear awareness of personal reality.

The second paradox is personalization versus humanness. The belief in our own intactness, the basis of growth, necessitates some personalization of experience. This often involves distortions which shut out other people. The tiny interpersonal fiascos which usually go unlabeled but which confuse others may be daily events. If these distortions are pervasive and successively alienate others, relationships of trust, a bridge between the private world and the social context in which we live, cannot be accomplished.

The third paradox is identity versus anonymity. Out of relatedness and love comes a mutual enrichment of the self and other persons. From this shared experience we derive identity. This ability to share and to be oneself simultaneously, which is implied, is the human uniqueness and the relevant life goal. It is the meaning of self-actualization in the simplest terms. Anonymity involves submission of what one is to conformity. Anonymity is a surrender of human obligation and being like everyone else regardless of the personal consequences. It means emphasis on "doing," on narrowly defined and fixed beliefs, and a shutting off of inner experience.

While no sequence is implied by these three paradoxes, each one entails a struggle, a confrontation with the self, and demands energy which is focused on the resolution of the immediate consequences of the paradox. It is at this very point that individuals bog down. Since despair is characteristic of existential awareness, and our culture has evolved no formal terms for helping the individual in these crises, relatively few persons are easily able to find the necessary motivation.

REVITALIZATION

To be sure, much of this motivation may be cognitive, an intellectual challenge. Intact intellectual defenses which have served in the past may have value as tools. However, depression and self-pity do not respond to intellectual remedies. The existential dilemma essentially involves the gut. Consequently, the person needs to find replenishment either within the self or from others. If vitality has

been sapped by unconscious problems or is relatively low, the revitalization must come from the outside.

Institutionalized or professional possibilities for help are minimized due to the conceptualization of psychopathology as classes of conditions or entities which the individual acquires and for which he then must undergo "cure." Since life itself, we hope, is not an illness or a condition but a process, the developmental crises should not be thusly stigmatized. The culture is admittedly imperfect and magnifies reality, unconscious, and existential problems. Such distortion may be in the best interests of longevity of the culture but even this belief may be unreal. Nonetheless, there are culturally sponsored palliatives for reality and unconscious problems. But the existential dilemma must generally be dealt with by the individual alone unless the resultant disturbance is so great that it can be described as psychopathological.

We cannot all do as the hero in *The End of It* (6) and make a re-investment in the lives of simple, direct, honest people after the organic goal of rampant sexuality has failed. And yet there must be a renewal of the human compact under conditions where trust can be taken for granted. In this culture such renewal may not easily be feasible. Maslow (8) has catalogued some of the deficits which sum to a relatively barren social world: Americans are labeled as anti-intellectual and anti-aesthetic, unaware of mediativeness or of conscience, conventional and hypocritical about much that is human. Above all is a grief and pain avoidance, an inability to have fun, and a fear of genuine emotion of any kind. It is the absence of joy, the poet's symbol, which epitomizes the difficulty in renewing the human compact in life.

Psychotherapist's responsibility. The psychotherapist has a responsibility here. He should be able to re-define his prerogatives to encompass existential problems in which conventional psychopathology is not apparent. In this endeavor skills are less urgent than communication of trust. The therapist must be known as a human being whose honesty and acceptance are unequivocal. He cannot indulge himself in a cloak of anonymity or sit behind a couch (4). He must be there as a real human being who is confident of his impact on the client. He has to like his client. He must be able to reach out and impart some of his own values, some of his own resolution of the existential dilemma, and some of his own identity. This process is affectual rather than intellectual, and words alone do not suffice.

Current training will not enable such practice which rests on the intangible human quality that is inherent in the therapist's own self-actualization. One reaches a child or adolescent in the same way, by means of faith in oneself and in the other person which is directly communicated simply because it does exist. However, if external psychotherapeutic means are all that can be offered, there is small hope for sustained personal growth. Revitalization at its best should occur in life rather than through the somewhat artificial substitute, the therapy process.

Patient's reaching out to others. The most satisfactory way to renew the human contract is by a responsible reaching out to others by means of habitual competencies. The context in which this occurs is secondary to the feelings invested in the needs of other persons. Often the context is vocational but it may be in voluntary, genuine, and sustained helping which employs these same skills. Involvement and investment of the self can make someone else's problems and needs more salient than one's own personal despair. When this happens, other persons can respond by trust, by a reciprocal relationship in which giving and receiving meaning are of equal importance.

Human relations can have this revitalizing impact even when one is unable to reach motivational sources within himself. In a sense it is necessary for each human being to renew periodically the contract with others in which trust prevails. Voluntary and prolonged withdrawal from others has effects similar to the schizophrenic retreat. Both produce personalizations that tend to increase distance from people and to interfere with relationships based on mutual trust. Similarly, the effects of sensory deprivation are personalizations, loss of orientation, and invasion by fantasy.

If we believe in process and not condition, we can divest humanity of the stigma of psychopathology. Simply by changing an assumption the focus is on understanding the process by which humans fulfill their identity. "To cure" becomes translated into "to create" the social and therapeutic contexts in which people can become human beings.

SUMMARY

Reality problems, unconsciously determined problems, and existential problems have been described in a developmental interpretation of psychopathology. Our historical focus on unconsciously determined symptoms to define illness has minimized awareness of

prevalent existential problems. Existential problems are considered as crises in the human growth process. Our culture makes such problems difficult to resolve and, similarly, conventional psychotherapy may often be inadequate. The psychotherapeutic responsibility becomes to create the social contexts in which human relationships based on mutual trust can develop.

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