Sullivan: Interpersonal Theory

Sullivan

The young boy had no friends his age but did have several imaginary playmates. At school, his Irish brogue and quick mind made him unpopular among school-mates. Then, at age $8^1/_2$, the boy experienced an intimate relationship with a 13-year-old boy that transformed his life. The two boys remained unpopular with other children, but they developed close bonds with each other. Most scholars (Alexander, 1990, 1995; Chapman, 1976; Havens, 1987) believe that the relationship between these boys—Harry Stack Sullivan and Clarence Bellinger—was at least in some ways homosexual, but others (Perry, 1982) believed that the two boys were never sexually intimate.

Why is it important to know about Sullivan's sexual orientation? This knowl-edge is important for at least two reasons. First, a personality theorist's early life his-tory, including gender, birth order, religious beliefs, ethnic background, schooling, as well as sexual orientation, all relate to that person's adult beliefs, conception of humanity, and the type of personality theory that that person will develop.

Second, in Sullivan's case, his sexual orientation may have prevented him from gaining the acceptance and recognition he might have had if others had not suspected that he was homosexual. A. H. Chapman (1976) has argued that Sullivan's influence is pervasive yet unrecognized largely because many psychologists and psychiatrists of his day had difficulty accepting the theoretical concepts and therapeutic practices of someone they suspected of being homosexual. Chapman contended that Sullivan's contemporaries might have easily accepted a homosexual artist, musician, or writer, but, when it came to a psychiatrist, they were still guided by the concept "Physician heal thyself." This phrase was so ingrained in American society during Sullivan's time that mental health workers found it very difficult to "admit their indebtedness to a psychiatrist whose homosexuality was commonly known" (Chapman, 1976, p. 12). Thus, Sullivan, who otherwise might have achieved greater fame, was shackled by sexual prejudices that kept him from being regarded as American's foremost psy-chiatrist of the first half of the 20th century.

Overview of Interpersonal Theory

Harry Stack Sullivan, the first American to construct a comprehensive personality theory, believed that people develop their personality within a social context. With-out other people, Sullivan contended, humans would have no personality. "A per-sonality can never be isolated from the complex of interpersonal relations in which the person lives and has his being" (Sullivan, 1953a, p. 10). Sullivan insisted that knowledge of human personality can be gained only through the scientific study of interpersonal relations. His **interpersonal theory** emphasizes the importance of var-ious developmental stages—infancy, childhood, the juvenile era, preadolescence, early adolescence, late adolescence, and adulthood. Healthy human development rests on a person's ability to establish intimacy with another person, but unfortu-nately, anxiety can interfere with satisfying interpersonal relations at any age. Per-haps the most crucial stage of development is preadolescence—a period when chil-dren first possess the capacity for intimacy but have not yet reached an age at which their intimate relationships are complicated by lustful interests. Sullivan believed that people achieve healthy development when they are able to experience both inti-macy and lust toward the same other person.

Ironically, Sullivan's own relationships with other people were seldom satisfying. As a child, he was lonely and physically isolated; as an adolescent, he suffered at least one schizophrenic episode; and as an adult, he experienced only superficial and ambivalent interpersonal relationships. Despite, or perhaps because of, these interpersonal difficulties, Sullivan contributed much to an understanding of human personality. In Leston Havens's (1987) language, "He made his contributions walking on one leg . . . he never gained the spontaneity, receptiveness, and capacity for intimacy his own interpersonal school worked to achieve for others" (p. 184).

Biography of Harry Stack Sullivan

Harry Stack Sullivan was born in the small farming town of Norwich, New York, on February 21, 1892, the sole surviving child of poor Irish Catholic parents. His mother, Ella Stack Sullivan, was 32 when she married Timothy Sullivan and 39 when Harry was born. She had given birth to two other sons, neither of whom lived past the first year. As a consequence, she pampered and protected her only child, whose survival she knew was her last chance for motherhood. Harry's father, Timothy Sullivan, was a shy, withdrawn, and taciturn man who never developed a close relationship with his son until after his wife had died and Sullivan had become a prominent physician. Timothy Sullivan had been a farm laborer and a factory worker who moved to his wife's family farm outside the village of Smyrna, some 10 miles from Norwich, before Harry's third birthday. At about this same time, Ella Stack Sullivan was mysteriously absent from the home, and Sullivan was cared for by his maternal grandmother, whose Gaelic accent was not easily understood by the young boy. After more than a year's separation, Harry's mother—who likely had been in a mental hospital—returned home. In effect, Sullivan then had two women to mother him. Even after his grandmother died, he continued to have two mothers because a maiden aunt then came to share in the child-rearing duties.

Although both parents were of poor Irish Catholic descent, his mother regarded the Stack family as socially superior to the Sullivans. Sullivan accepted the social supremacy of the Stacks over the Sullivans until he was a prominent psychiatrist developing an interpersonal theory that emphasized similarities among people rather than differences. He then realized the folly of his mother's claims.

As a preschool child, Sullivan had neither friends nor acquaintances of his age. After beginning school he still felt like an outsider, being an Irish Catholic boy in a Protestant community. His Irish accent and quick mind made him unpopular with his classmates throughout his years of schooling in Smyrna.

When Sullivan was $8\frac{1}{2}$ years old, he formed a close friendship with a 13-year-old boy from a neighboring farm. This chum was Clarence Bellinger, who lived a mile beyond Harry in another school district, but who was now beginning high school in Smyrna. Although the two boys were not peers chronologically, they had much in common socially and intellectually. Both were retarded socially but advanced intellectually; both later became psychiatrists and neither ever married. The relationship between Harry and Clarence had a transforming effect on Sullivan's life. It awakened in him the power of intimacy, that is, the ability to love another who was more or less like himself. In Sullivan's mature theory of personality, he placed heavy emphasis on the therapeutic, almost magical power of an intimate relationship dur-

ing the preadolescent years. This belief, along with many other Sullivanian hypotheses, seems to have grown out of his own childhood experiences.

Sullivan was interested in books and science, not in farming. Although he was an only child growing up on a farm that required much hard work, Harry was able to escape many of the chores by absentmindedly "forgetting" to do them. This ruse was successful because his indulgent mother completed them for him and allowed Sullivan to receive credit.

A bright student, Sullivan graduated from high school as valedictorian at age 16. He then entered Cornell University intending to become a physicist, although he also had an interest in psychiatry. His academic performance at Cornell was a disaster, however, and he was suspended after 1 year. The suspension may not have been solely for academic deficiencies. He got into trouble with the law at Cornell, possibly for mail fraud. He was probably a dupe of older, more mature students who used him to pick up some chemicals illegally ordered through the mail. In any event, for the next 2 years Sullivan mysteriously disappeared from the scene. Perry (1982) reported he may have suffered a schizophrenic breakdown at this time and was confined to a mental hospital. Alexander (1990), however, surmised that Sullivan spent this time under the guidance of an older male model who helped him overcome his sexual panic and who intensified his interest in psychiatry. Whatever the answer to Sullivan's mysterious disappearance from 1909 to 1911, his experiences seemed to have matured him academically and possibly sexually.

In 1911, with only one very unsuccessful year of undergraduate work, Sullivan enrolled in the Chicago College of Medicine and Surgery, where his grades, though only mediocre, were a great improvement over those he earned at Cornell. He finished his medical studies in 1915 but did not receive his degree until 1917. Sullivan claimed that the delay was because he had not yet paid his tuition in full, but Perry (1982) found evidence that he had not completed all his academic requirements by 1915 and needed, among other requirements, an internship. How was Sullivan able to obtain a medical degree if he lacked all the requirements? None of Sullivan's biographers has a satisfactory answer to this question. Alexander (1990) hypothesized that Sullivan, who had accumulated nearly a year of medically related employment, used his considerable persuasive abilities to convince authorities at Chicago College of Medicine and Surgery to accept that experience in lieu of an internship. Any other deficiency may have been waived if Sullivan agreed to enlist in the military. (The United States had recently entered World War I and was in need of medical officers.)

After the war Sullivan continued to serve as a military officer, first for the Federal Board for Vocational Education and then for the Public Health Service. However, this period in his life was still confusing and unstable, and he showed little promise of the brilliant career that lay just ahead (Perry, 1982).

In 1921, with no formal training in psychiatry, he went to St. Elizabeth Hospital in Washington, DC, where he became closely acquainted with William Alanson White, one of America's best-known neuropsychiatrists. At St. Elizabeth, Sullivan had his first opportunity to work with large numbers of schizophrenic patients. While in Washington, he began an association with the Medical School of the University of Maryland and with the Sheppard and Enoch Pratt Hospital in Towson, Maryland. During this Baltimore period of his life, he conducted intensive studies of

schizophrenia, which led to his first hunches about the importance of interpersonal relationships. In trying to make sense out of the speech of schizophrenic patients, Sullivan concluded that their illness was a means of coping with the anxiety generated from social and interpersonal environments. His experiences as a practicing clinician gradually transformed themselves into the beginnings of an interpersonal theory of psychiatry.

Sullivan spent much of his time and energy at Sheppard selecting and training hospital attendants. Although he did little therapy himself, he developed a system in which nonprofessional but sympathetic male attendants treated schizophrenic patients with human respect and care. This innovative program gained him a reputation as a clinical wizard. However, he became disenchanted with the political climate at Sheppard when he was passed over for a position as head of the new reception center that he had advocated. In March of 1930, he resigned from Sheppard.

Later that year, he moved to New York City and opened a private practice, hoping to enlarge his understanding of interpersonal relations by investigating nonschizophrenic disorders, especially those of an obsessive nature (Perry, 1982). Times were hard, however, and his expected wealthy clientele did not come in the numbers he needed to maintain his expenses.

On a more positive note, his residence in New York brought him into contact with several psychiatrists and social scientists with a European background. Among these were Karen Horney, Erich Fromm, and Frieda Fromm-Reichmann who, along with Sullivan, Clara Thompson, and others, formed the Zodiac group, an informal organization that met regularly over drinks to discuss old and new ideas in psychiatry and the related social sciences. Sullivan, who had met Thompson earlier, persuaded her to travel to Europe to take a training analysis under Sandor Ferenczi, a disciple of Freud. Sullivan learned from all members of the Zodiac group, and through Thompson, and Ferenczi, his therapeutic technique was indirectly influenced by Freud. Sullivan also credited two other outstanding practitioners, Adolf Meyer and William Alanson White, as having had an impact on his practice of therapy. Despite some Freudian influence on his therapeutic technique, Sullivan's theory of interpersonal psychiatry is neither psychoanalytic nor neo-Freudian.

During his residence in New York, Sullivan also came under the influence of several noted social scientists from the University of Chicago, which was the center of American sociological study during the 1920s and 1930s. Included among them were social psychologist George Herbert Mead, sociologists Robert Ezra Park and W. I. Thomas, anthropologist Edward Sapir, and political scientist Harold Lasswell. Sullivan, Sapir, and Lasswell were primarily responsible for establishing the William Alanson White Psychiatric Foundation in Washington, DC, for the purpose of joining psychiatry to the other social sciences. Sullivan served as the first president of the foundation and also as editor of the foundation's journal, *Psychiatry.* Under Sullivan's guidance, the foundation began a training institution known as the Washington School of Psychiatry. Because of these activities, Sullivan gave up his New York practice, which was not very lucrative anyway, and moved back to Washington, DC, where he remained closely associated with the school and the journal.

In January 1949, Sullivan attended a meeting of the World Federation for Mental Health in Amsterdam. While on his way home, January 14, 1949, he died of a cerebral hemorrhage in a Paris hotel room, a few weeks short of his 57th birthday. Not uncharacteristically, he was alone at the time.

On the personal side, Sullivan was not comfortable with his sexuality and had ambivalent feelings toward marriage (Perry, 1982). As an adult, he brought into his home a 15-year-old boy who was probably a former patient (Alexander, 1990). This young man—James Inscoe—remained with Sullivan for 22 years, looking after his financial affairs, typing manuscripts, and generally running the household. Although Sullivan never officially adopted Jimmie, he regarded him as a son and even had his legal name changed to James I. Sullivan.

Beyond Biography   **Was Sullivan a homosexual? For information on Sullivan's sexual orientation, see our website at www.mhhe.com/feist7**

Sullivan also had ambivalent attitudes toward his religion. Born to Catholic parents who attended church only irregularly, he abandoned Catholicism early on. In later life, his friends and acquaintances regarded him as nonreligious or even anti-Catholic, but to their surprise, Sullivan had written into his will a request to receive a Catholic burial. Incidentally, this request was granted despite the fact that Sullivan's body had been cremated in Paris. His ashes were returned to the United States, where they were placed inside a coffin and received a full Catholic burial, complete with a requiem mass.

Sullivan's chief contribution to personality theory is his conception of developmental stages. Before turning to Sullivan's ideas on the stages of development, we will explain some of his unique terminology.

Tensions

Like Freud and Jung, Sullivan (1953b) saw personality as an energy system. Energy can exist either as *tension* (potentiality for action) or as actions themselves (*energy transformations*). **Energy transformations** transform tensions into either covert or overt behaviors and are aimed at satisfying needs and reducing anxiety. **Tension** is a potentiality for action that may or may not be experienced in awareness. Thus, not all tensions are consciously felt. Many tensions, such as anxiety, premonitions, drowsiness, hunger, and sexual excitement, are felt but not always on a conscious level. In fact, probably all felt tensions are at least partial distortions of reality. Sullivan recognized two types of tensions: *needs* and *anxiety*. Needs usually result in productive actions, whereas anxiety leads to nonproductive or disintegrative behaviors.

Needs

Needs are tensions brought on by biological imbalance between a person and the physiochemical environment, both inside and outside the organism. Needs are episodic—once they are satisfied, they temporarily lose their power, but after a time, they are likely to recur. Although needs originally have a biological component, many of them stem from the interpersonal situation. The most basic *interpersonal need* is **tenderness.** An infant develops a need to receive tenderness from its primary caretaker (called by Sullivan "the mothering one"). Unlike some needs, tenderness requires actions from at least two people. For example, an infant's need *to receive*

tenderness may be expressed as a cry, smile, or coo, whereas the mother's need *to give* tenderness may be transformed into touching, fondling, or holding. In this example, the need for tenderness is satisfied through the use of the infant's *mouth* and the mother's *hands.*

Tenderness is a *general need* because it is concerned with the overall well-being of a person. General needs, which also include oxygen, food, and water, are opposed to *zonal needs,* which arise from a particular area of the body. Several areas of the body are instrumental in satisfying both general and zonal needs. For example, the mouth satisfies general needs by taking in food and oxygen, but it also satisfies the zonal need for oral activity. Also, the hands may be used to help satisfy the general need of tenderness, but they can likewise be used to satisfy the zonal need for manual activity. Similarly, other body zones, such as the anus and the genitals, can be used to satisfy both kinds of needs.

Very early in life, the various zones of the body begin to play a significant and lasting role in interpersonal relations. While satisfying general needs for food, water, and so forth, an infant expends more energy than necessary, and the excess energy is transformed into consistent characteristic modes of behavior, which Sullivan called *dynamisms.*

Anxiety

A second type of tension, **anxiety,** differs from tensions of needs in that it is disjunctive, is more diffuse and vague, and calls forth no consistent actions for its relief. If infants lack food (a need), their course of action is clear; but if they are anxious, they can do little to escape from that anxiety.

How does anxiety originate? Sullivan (1953b) postulated that it is transferred from the parent to the infant through the process of **empathy.** Anxiety in the mothering one inevitably induces anxiety in the infant. Because all mothers have some amount of anxiety while caring for their babies, all infants will become anxious to some degree.

Just as the infant does not have the capacity to reduce anxiety, the parent has no effective means of dealing with the baby's anxiety. Any signs of anxiety or insecurity by the infant are likely to lead to attempts by the parent to satisfy the infant's *needs.* For example, a mother may feed her anxious, crying baby because she mistakes anxiety for hunger. If the baby hesitates in accepting the milk, the mother may become more anxious herself, which generates additional anxiety within the infant. Finally, the baby's anxiety reaches a level at which it interferes with sucking and swallowing. Anxiety, then, operates in opposition to tensions of needs and prevents them from being satisfied.

Anxiety has a deleterious effect on adults too. It is the *chief disruptive force blocking the development of healthy interpersonal relations*. Sullivan (1953b) likened severe anxiety to a blow on the head. It makes people incapable of learning, impairs memory, narrows perception, and may result in complete amnesia. It is unique among the tensions in that it maintains the status quo even to people's overall detriment. Whereas other tensions result in actions directed specifically toward their relief, anxiety produces behaviors that (1) prevent people from learning from their mistakes, (2) keep people pursuing a childish wish for security, and (3) generally ensure that people will not learn from their experiences.

Sullivan insisted that anxiety and loneliness are unique among all experiences in that they are totally unwanted and undesirable. Because anxiety is painful, people have a natural tendency to avoid it, inherently preferring the state of **euphoria,** or complete lack of tension. Sullivan (1954) summarized this concept by stating simply that "*the presence of anxiety is much worse than its absence*" (p. 100).

Sullivan distinguished anxiety from fear in several important ways. First, anxiety usually stems from complex interpersonal situations and is only vaguely represented in awareness; fear is more clearly discerned and its origins more easily pinpointed. Second, anxiety has no positive value. Only when transformed into another tension (anger or fear, for example) can it lead to profitable actions. Third, anxiety blocks the satisfaction of needs, whereas fear sometimes helps people satisfy certain needs. This opposition to the satisfaction of needs is expressed in words that can be considered Sullivan's definition of anxiety: "Anxiety is a tension in opposition to the tensions of needs and to action appropriate to their relief" (Sullivan, 1953b, p. 44).

Energy Transformations

Tensions that are transformed into actions, either overt or covert, are called energy transformations. This somewhat awkward term simply refers to our behaviors that are aimed at satisfying needs and reducing anxiety—the two great tensions. Not all energy transformations are obvious, overt actions; many take the form of emotions, thoughts, or covert behaviors that can be hidden from other people.

Dynamisms

Energy transformations become organized as typical behavior patterns that characterize a person throughout a lifetime. Sullivan (1953b) called these behavior patterns **dynamisms,** a term that means about the same as traits or habit patterns. Dynamisms are of two major classes: first, those related to specific zones of the body, including the mouth, anus, and genitals; and second, those related to tensions. This second class is composed of three categories—the disjunctive, the isolating, and the conjunctive. Disjunctive dynamisms include those destructive patterns of behavior that are related to the concept of *malevolence;* isolating dynamisms include those behavior patterns (such as *lust*) that are unrelated to interpersonal relations; and conjunctive dynamisms include beneficial behavior patterns, such as *intimacy* and the *self-system.*

Malevolence

Malevolence is the disjunctive dynamism of evil and hatred, characterized by the feeling of living among one's enemies (Sullivan, 1953b). It originates around age 2 or 3 years when children's actions that earlier had brought about maternal tenderness are rebuffed, ignored, or met with anxiety and pain. When parents attempt to control their children's behavior by physical pain or reproving remarks, some children will learn to withhold any expression of the need for tenderness and to protect themselves by adopting the malevolent attitude. Parents and peers then find it more and more difficult to react with tenderness, which in turn solidifies the child's negative attitude toward the world. Malevolent actions often take the form of timidity,

Significant intimate relationships prior to puberty are usually boy-boy or girl-girl friendships, according to Sullivan.

mischievousness, cruelty, or other kinds of asocial or antisocial behavior. Sullivan expressed the malevolent attitude with this colorful statement: "Once upon a time everything was lovely, but that was before I had to deal with people" (p. 216).

Intimacy

Intimacy grows out of the earlier need for tenderness but is more specific and involves a close interpersonal relationship between two people who are more or less of equal status. Intimacy must not be confused with sexual interest. In fact, it develops prior to puberty, ideally during preadolescence when it usually exists between two children, each of whom sees the other as a person of equal value. Because intimacy is a dynamism that requires an equal partnership, it does not usually exist in parent-child relationships unless both are adults and see one another as equals.

Intimacy is an integrating dynamism that tends to draw out loving reactions from the other person, thereby decreasing anxiety and loneliness, two extremely painful experiences. Because intimacy helps us avoid anxiety and loneliness, it is a rewarding experience that most healthy people desire (Sullivan, 1953b).

Lust

On the other hand, **lust** is an isolating tendency, requiring no other person for its satisfaction. It manifests itself as autoerotic behavior even when another person is the object of one's lust. Lust is an especially powerful dynamism during adolescence, at

which time it often leads to a reduction of self-esteem. Attempts at lustful activity are often rebuffed by others, which increases anxiety and decreases feelings of self-worth. In addition, lust often hinders an intimate relationship, especially during early adolescence when it is easily confused with sexual attraction.

Self-System

The most complex and inclusive of all the dynamisms is the **self-system,** a consistent pattern of behaviors that maintains people's interpersonal security by protecting them from anxiety. Like intimacy, the self-system is a conjunctive dynamism that arises out of the interpersonal situation. However, it develops earlier than intimacy, at about age 12 to 18 months. As children develop intelligence and foresight, they become able to learn which behaviors are related to an increase or decrease in anxiety. This ability to detect slight increases or decreases in anxiety provides the self-system with a built-in warning device.

The warning, however, is a mixed blessing. On one hand, it serves as a signal, alerting people to increasing anxiety and giving them an opportunity to protect themselves. On the other, this desire for protection against anxiety makes the self-system resistant to change and prevents people from profiting from anxiety-filled experiences. Because the primary task of the self-system is to protect people against anxiety, it is "the principal stumbling block to favorable changes in personality" (Sullivan, 1953b, p. 169). Sullivan (1964), however, believed that personality is not static and is especially open to change at the beginning of the various stages of development.

As the self-system develops, people begin to form a consistent image of themselves. Thereafter, any interpersonal experiences that they perceive as contrary to their self-regard threatens their *security*. As a consequence, people attempt to defend themselves against interpersonal tensions by means of **security operations,** the purpose of which is to reduce feelings of insecurity or anxiety that result from endangered self-esteem. People tend to deny or distort interpersonal experiences that conflict with their self-regard. For example, when people who think highly of themselves are called incompetent, they may choose to believe that the name-caller is stupid or, perhaps, merely joking. Sullivan (1953b) called security operations "a powerful brake on personal and human progress" (p. 374).

Two important security operations are *dissociation* and *selective inattention.* **Dissociation** includes those impulses, desires, and needs that a person refuses to allow into awareness. Some infantile experiences become dissociated when a baby's behavior is neither rewarded nor punished, so those experiences simply do not become part of the self-system. Adult experiences that are too foreign to one's standards of conduct can also become dissociated. These experiences do not cease to exist but continue to influence personality on an unconscious level. Dissociated images manifest themselves in dreams, daydreams, and other unintentional activities outside of awareness and are directed toward maintaining interpersonal security (Sullivan, 1953b).

The control of focal awareness, called **selective inattention,** is a refusal to see those things that we do not wish to see. It differs from dissociation in both degree and origin. Selectively inattended experiences are more accessible to awareness and

more limited in scope. They originate after we establish a self-system and are triggered by our attempts to block out experiences that are not consistent with our existing self-system. For example, people who regard themselves as scrupulously law-abiding drivers may "forget" about the many occasions when they exceeded the speed limit or the times when they failed to stop completely at a stop sign. Like dissociated experiences, selectively inattended perceptions remain active even though they are not fully conscious. They are crucial in determining which elements of an experience will be attended and which will be ignored or denied (Sullivan, 1953b).

Personifications

Beginning in infancy and continuing throughout the various developmental stages, people acquire certain images of themselves and others. These images, called **personifications,** may be relatively accurate, or because they are colored by people's needs and anxieties, they may be grossly distorted. Sullivan (1953b) described three basic personifications that develop during infancy—the bad-mother, the good-mother, and the me. In addition, some children acquire an eidetic personification (imaginary playmate) during childhood.

Bad-Mother, Good-Mother

Sullivan's notion of the bad-mother and good-mother is similar to Klein's concept of the bad breast and good breast. The *bad-mother personification,* in fact, grows out of the infant's experiences with the bad-nipple: that is, the nipple that does not satisfy hunger needs. Whether the nipple belongs to the mother or to a bottle held by the mother, the father, a nurse, or anyone else is not important. The bad-mother personification is almost completely undifferentiated, inasmuch as it includes everyone involved in the nursing situation. It is not an accurate image of the "real" mother but merely the infant's vague representation of not being properly fed.

After the bad-mother personification is formed, an infant will acquire a *good-mother personification* based on the tender and cooperative behaviors of the mothering one. These two personifications, one based on the infant's perception of an anxious, malevolent mother and the other based on a calm, tender mother, combine to form a complex personification composed of contrasting qualities projected onto the same person. Until the infant develops language, however, these two opposing images of mother can easily coexist (Sullivan, 1953b).

Me Personifications

During midinfancy a child acquires three me personifications (bad-me, good-me, and not-me) that form the building blocks of the self personification. Each is related to the evolving conception of me or my body. The *bad-me personification* is fashioned from experiences of punishment and disapproval that infants receive from their mothering one. The resulting anxiety is strong enough to teach infants that they are bad, but it is not so severe as to cause the experience to be dissociated or selectively inattended. Like all personifications, the bad-me is shaped out of the interpersonal

situation; that is, infants can learn that they are bad only from someone else, ordinarily the bad-mother.

The *good-me personification* results from infants' experiences with reward and approval. Infants feel good about themselves when they perceive their mother's expressions of tenderness. Such experiences diminish anxiety and foster the good-me personification. Sudden severe anxiety, however, may cause an infant to form the *not-me personification* and to either dissociate or selectively inattend experiences related to that anxiety. An infant denies these experiences to the me image so that they become part of the not-me personification. These shadowy not-me personifications are also encountered by adults and are expressed in dreams, schizophrenic episodes, and other dissociated reactions. Sullivan believed that these nightmarish experiences are always preceded by a warning. When adults are struck by sudden severe anxiety, they are overcome by *uncanny emotion.* Although this experience incapacitates people in their interpersonal relationships, it serves as a valuable signal for approaching schizophrenic reactions. Uncanny emotion may be experienced in dreams or may take the form of awe, horror, loathing, or a "chilly crawling" sensation (Sullivan, 1953b).

Eidetic Personifications

Not all interpersonal relations are with real people; some are **eidetic personifications:** that is, unrealistic traits or imaginary friends that many children invent in order to protect their self-esteem. Sullivan (1964) believed that these *imaginary friends* may be as significant to a child's development as real playmates.

Eidetic personifications, however, are not limited to children; most adults see fictitious traits in other people. Eidetic personifications can create conflict in interpersonal relations when people project onto others imaginary traits that are remnants from previous relationships. They also hinder communication and prevent people from functioning on the same level of cognition.

Levels of Cognition

Sullivan divided cognition into three levels or modes of experience: *prototaxic, parataxic,* and *syntaxic.* Levels of cognition refer to ways of perceiving, imagining, and conceiving. Experiences on the prototaxic level are impossible to communicate; parataxic experiences are personal, prelogical, and communicated only in distorted form; and syntaxic cognition is meaningful interpersonal communication.

Prototaxic Level

The earliest and most primitive experiences of an infant take place on a **prototaxic** level. Because these experiences cannot be communicated to others, they are difficult to describe or define. One way to understand the term is to imagine the earliest subjective experiences of a newborn baby. These experiences must, in some way, relate to different zones of the body. A neonate feels hunger and pain, and these prototaxic experiences result in observable action, for example, sucking or crying. The infant does not know the reason for the actions and sees no relationship between

these actions and being fed. As undifferentiated experiences, prototaxic events are beyond conscious recall.

In adults, prototaxic experiences take the form of momentary sensations, images, feelings, moods, and impressions. These primitive images of dream and waking life are dimly perceived or completely unconscious. Although people are incapable of communicating these images to others, they can sometimes tell another person that they have just had a strange sensation, one that they cannot put into words.

Parataxic Level

Parataxic experiences are prelogical and usually result when a person assumes a cause-and-effect relationship between two events that occur coincidentally. Parataxic cognitions are more clearly differentiated than prototaxic experiences, but their meaning remains private. Therefore, they can be communicated to others only in a distorted fashion.

An example of parataxic thinking takes place when a child is conditioned to say "please" in order to receive candy. If "candy and "please" occur together a number of times, the child may eventually reach the illogical conclusion that her supplications caused the candy's appearance. This conclusion is a **parataxic distortion,** or an illogical belief that a cause-and-effect relationship exists between two events in close temporal proximity. However, uttering the word "please" does not, by itself, cause the candy to appear. A dispensing person must be present who hears the word and is able and willing to honor the request. When no such person is present, a child may ask God or imaginary people to grant favors. A good bit of adult behavior comes from similar parataxic thinking.

Syntaxic Level

Experiences that are consensually validated and that can be symbolically communicated take place on a **syntaxic** level. Consensually validated experiences are those on whose meaning two or more persons agree. Words, for example, are consensually validated because different people more or less agree on their meaning. The most common symbols used by one person to communicate with another are those of language, including words and gestures.

Sullivan hypothesized that the first instance of syntaxic cognition appears whenever a sound or gesture begins to have the same meaning for parents as it does for a child. The syntaxic level of cognition becomes more prevalent as the child begins to develop formal language, but it never completely supplants prototaxic and parataxic cognition. Adult experience takes place on all three levels.

In summary, Sullivan identified two kinds of experience—*tensions* and *energy transformations*. Tensions, or potentiality for action, include *needs* and *anxiety.* Whereas needs are helpful or conjunctive when satisfied, anxiety is always disjunctive, interfering with the satisfaction of needs and disrupting interpersonal relations. Energy transformations literally involve the transformation of potential energy into actual energy (behavior) for the purpose of satisfying needs or reducing anxiety. Some of these behaviors form consistent patterns of behavior called *dynamisms.* Sullivan also recognized three levels of cognition—*prototaxic, parataxic,* and *syntaxic.* Table 8.1 summarizes Sullivan's concept of personality.

T A B L E   8 . 1

Summary of Sullivan's Theory of Personality

I.   *Tensions* (potential for action)
    A. *Needs* (conjunctive; they help integrate personality)
        1. General needs (facilitate the overall well-being of a person)
            a. Interpersonal (tenderness, intimacy, and love)
            b. Physiological (food, oxygen, water, and so forth)
        2. Zonal needs (may also satisfy general needs)
            a. Oral
            b. Genital
            c. Manual
    B. *Anxiety* (disjunctive; it interferes with the satisfaction of needs)

II.   *Energy Transformations* (overt or covert actions designed to satisfy needs or to reduce anxiety. Some energy transformations become relatively consistent patterns of behavior called dynamisms)

III. *Dynamisms* **(traits or behavioral patterns)**
    A. *Malevolence* (a feeling of living in enemy country)
    B. *Intimacy* (an integrating experience marked by a close personal relationship with another person who is more or less of equal status)
    C. *Lust* (an isolating dynamism characterized by an impersonal sexual interest in another person)

IV.   **Levels of Cognitions** (ways of perceiving, imagining, and conceiving)
    A. *Prototaxic* (undifferentiated experiences that are completely personal)
    B. *Parataxic* (prelogical experiences that are communicated to others only in a distorted fashion)
    C. *Syntaxic* (consensually validated experiences that can be accurately communicated to others)

Stages of Development

Sullivan (1953b) postulated seven epochs or stages of development, each crucial to the formation of human personality. The thread of interpersonal relations runs throughout the stages; other people are indispensable to a person's development from infancy to mature adulthood.

Personality change can take place at any time, but it is most likely to occur during the transition from one stage to the next. In fact, these threshold periods are more crucial than the stages themselves. Experiences previously dissociated or selectively inattended may enter into the self-system during one of the transitional periods. Sullivan hypothesized that, "as one passes over one of these more-or-less determinable thresholds of a developmental era, everything that has gone before becomes

reasonably open to influence" (p. 227). His seven stages are infancy, childhood, the juvenile era, preadolescence, early adolescence, late adolescence, and adulthood.

Infancy

Infancy begins at birth and continues until a child develops articulate or syntaxic speech, usually at about age 18 to 24 months. Sullivan believed that an infant becomes human through tenderness received from the mothering one. The satisfaction of nearly every human need demands the cooperation of another person. Infants cannot survive without a mothering one to provide food, shelter, moderate temperature, physical contact, and the cleansing of waste materials.

The emphatic linkage between mother and infant leads inexorably to the development of anxiety for the baby. Being human, the mother enters the relationship with some degree of previously learned anxiety. Her anxiety may spring from any one of a variety of experiences, but the infant's first anxiety is always associated with the nursing situation and the oral zone. Unlike that of the mother, the infant's repertoire of behaviors is not adequate to handle anxiety. So, whenever infants feel anxious (a condition originally transmitted to it by the mother), they try whatever means available to reduce anxiety. These attempts typically include rejecting the nipple, but this neither reduces anxiety nor satisfies the need for food. An infant's rejection of the nipple, of course, is not responsible for the mother's original anxiety but now adds to it. Eventually the infant discriminates between the good-nipple and the bad-nipple: the former being associated with relative euphoria in the feeding process; the latter, with enduring anxiety (Sullivan, 1953b).

An infant expresses both anxiety and hunger through crying. The mothering one may mistake anxiety for hunger and force the nipple onto an anxious (but not hungry) infant. The opposite situation may also take place when a mother, for whatever reason, fails to satisfy the baby's needs. The baby then will experience rage, which increases the mother's anxiety and interferes with her ability to cooperate with her baby. With mounting tension, the infant loses the capacity to receive satisfaction, but the need for food, of course, continues to increase. Finally, as tension approaches terror, the infant experiences difficulty with breathing. The baby may even stop breathing and turn a bluish color, but the built-in protections of **apathy** and **somnolent detachment** keep the infant from death. Apathy and somnolent detachment allow the infant to fall asleep despite the hunger (Sullivan, 1953b).

During the feeding process, the infant not only receives food but also satisfies some *tenderness* needs. The tenderness received by the infant at this time demands the cooperation of the mothering one and introduces the infant to the various strategies required by the interpersonal situation. The mother-infant relationship, however, is like a two-sided coin. The infant develops a dual personification of mother, seeing her as both good and bad; the mother is good when she satisfies the baby's needs and bad when she stimulates anxiety.

Around midinfancy, infants begin to learn how to communicate through language. In the beginning, their language is not consensually validated but takes place on an individualized or parataxic level. This period of infancy is characterized by **autistic language,** that is, private language that makes little or no sense to other people. Early communication takes place in the form of facial expressions and the

sounding of various phonemes. Both are learned through imitation, and eventually gestures and speech sounds have the same meaning for the infant as they do for other people. This communication marks the beginning of syntaxic language and the end of infancy.

Childhood

The era of childhood begins with the advent of syntaxic language and continues until the appearance of the need for playmates of an equal status. The age of childhood varies from culture to culture and from individual to individual, but in Western society it covers the period from about age 18 to 24 months until about age 5 or 6 years.

During this stage, the mother remains the most significant other person, but her role is different from what it was in infancy. The dual personifications of mother are now fused into one, and the child's perception of the mother is more congruent with the "real" mother. Nevertheless, the good-mother and bad-mother personifications are usually retained on a parataxic level. In addition to combining the mother personifications, the child differentiates the various persons who previously formed the concept of the mothering one, separating mother and father and seeing each as having a distinct role.

At about the same time, children are fusing the me-personifications into a single self-dynamism. Once they establish syntaxic language, they can no longer consciously deal with the bad-me and good-me at the same time; now they label behaviors as good or bad in imitation of their parents. However, these labels differ from the old personifications of infancy because they are symbolized on a syntaxic level and originate from children's behavior rather than from decreases or increases in their anxiety. Also, good and bad now imply social or moral value and no longer refer to the absence or presence of that painful tension called anxiety.

During childhood, emotions become reciprocal; a child is able to give tenderness as well as receive it. The relationship between mother and child becomes more personal and less one-sided. Rather than seeing the mother as good or bad based on how she satisfied hunger needs, the child evaluates the mother syntaxically according to whether she shows reciprocal tender feelings, develops a relationship based on the mutual satisfaction of needs, or exhibits a rejecting attitude.

Besides their parents, preschool-aged children often have one other significant relationship—an *imaginary playmate*. This eidetic friend enables children to have a safe, secure relationship that produces little anxiety. Parents sometimes observe their preschool-aged children talking to an imaginary friend, calling the friend by name, and possibly even insisting that an extra place be set at the table or space be made available in the car or the bed for this playmate. Also, many adults can recall their own childhood experiences with imaginary playmates. Sullivan insisted that having an imaginary playmate is not a sign of instability or pathology but a positive event that helps children become ready for intimacy with real friends during the preadolescence stage. These playmates offer children an opportunity to interact with another "person" who is safe and who will not increase their level of anxiety. This comfortable, nonthreatening relationship with an imaginary playmate permits children to be more independent of parents and to make friends in later years.

Sullivan (1953b) referred to childhood as a period of rapid acculturation. Besides acquiring language, children learn cultural patterns of cleanliness, toilet training, eating habits, and sex-role expectancies. They also learn two other important processes: *dramatizations* and *preoccupations.* Dramatizations are attempts to act like or sound like significant authority figures, especially mother and father. Preoccupations are strategies for avoiding anxiety and fear-provoking situations by remaining occupied with an activity that has earlier proved useful or rewarding.

The malevolent attitude reaches a peak during the preschool years, giving some children an intense feeling of living in a hostile or enemy country. At the same time, children learn that society has placed certain restraints on their freedom. From these restrictions and from experiences with approval and disapprobation, children evolve their self-dynamism, which helps them handle anxiety and stabilize their personality. In fact, the self-system introduces so much stability that it makes future changes exceedingly difficult.

Juvenile Era

The juvenile era begins with the appearance of the need for peers or playmates of equal status and ends when one finds a single chum to satisfy the need for intimacy. In the United States, the juvenile stage is roughly parallel to the first 3 years of school, beginning around age 5 or 6 and ending at about age $8^{1}/_{2}$. (It is interesting that Sullivan was so specific with the age at which this period ends and the preadolescent stage begins. Remember that Sullivan was $8^{1}/_{2}$ when he began an intimate relationship with a 13-year-old boy from a nearby farm.)

During the juvenile stage, Sullivan believed, a child should learn to compete, compromise, and cooperate. The degree of *competition* found among children of this

During the juvenile stage, children need to learn competition, cooperation, and compromise.

age varies with the culture, but Sullivan believed that people in the United States have generally overemphasized competition. Many children believe that they must be competitive to be successful. *Compromise,* too, can be overdone. A 7-year-old child who learns to continually give in to others is handicapped in the socialization process, and this yielding trait may continue to characterize the person in later life. *Cooperation* includes all those processes necessary to get along with others. The juvenile-age child must learn to cooperate with others in the real world of interpersonal relationships. Cooperation is a critical step in becoming socialized and is the most important task confronting children during this stage of development.

During the juvenile era, children associate with other children who are of equal standing. One-to-one relationships are rare, but if they exist, they are more likely to be based on convenience than on genuine intimacy. Boys and girls play with one another with little regard for the gender of the other person. Although permanent dyadic (two-person) relationships are still in the future, children of this age are beginning to make discriminations among themselves and to distinguish among adults. They see one teacher as kinder than another, one parent as more indulgent. The real world is coming more into focus, allowing them to operate increasingly on the syntaxic level.

By the end of the juvenile stage, a child should have developed an orientation toward living that makes it easier to consistently handle anxiety, satisfy zonal and tenderness needs, and set goals based on memory and foresight. This *orientation toward living* readies a person for the deeper interpersonal relationships to follow (Sullivan, 1953b).

Preadolescence

Preadolescence, which begins at age $8^{1}/_{2}$ and ends with adolescence, is a time for intimacy with one particular person, usually a person of the same gender. All preceding stages have been egocentric, with friendships being formed on the basis of self-interest. A preadolescent, for the first time, takes a genuine interest in the other person. Sullivan (1953a) called this process of becoming a social being the "quiet miracle of preadolescence" (p. 41), a likely reference to the personality transformation he experienced during his own preadolescence.

The outstanding characteristic of preadolescence is the genesis of the capacity to love. Previously, all interpersonal relationships were based on personal need satisfaction, but during preadolescence, intimacy and love become the essence of friendships. Intimacy involves a relationship in which the two partners consensually validate one another's personal worth. Love exists "when the satisfaction or the security of another person becomes as significant to one as is one's own satisfaction or security" (Sullivan, 1953a, pp. 42–43).

A preadolescent's intimate relationship ordinarily involves another person of the same gender and of approximately the same age or social status. Infatuations with teachers or movie stars are not intimate relationships because they are not consensually validated. The significant relationships of this age are typically boy-boy or girl-girl chumships. To be liked by one's peers is more important to the preadolescent than to be liked by teachers or parents. Chums are able to freely express opinions and emotions to one another without fear of humiliation or embarrassment. This

free exchange of personal thoughts and feelings initiates the preadolescent into the world of intimacy. Each chum becomes more fully human, acquires an expanded personality, and develops a wider interest in the humanity of all people.

Sullivan believed that preadolescence is the most untroubled and carefree time of life. Parents are still significant, even though they have been reappraised in a more realistic light. Preadolescents can experience unselfish love that has not yet been complicated by lust. The cooperation they acquired during the juvenile era evolves into collaboration or the capacity to work with another, not for self-prestige, but for the well-being of that other.

Experiences during preadolescence are critical for the future development of personality. If children do not learn intimacy at this time, they are likely to be seriously stunted in later personality growth. However, earlier negative influences can be extenuated by the positive effects of an intimate relationship. Even the malevolent attitude can be reversed, and many other juvenile problems, such as loneliness and self-centeredness, are diminished by the achievement of intimacy. In other words, mistakes made during earlier stages of development can be overcome during preadolescence, but mistakes made during preadolescence are difficult to surmount during later stages. The relatively brief and uncomplicated period of preadolescence is shattered by the onset of puberty.

Early Adolescence

Early adolescence begins with puberty and ends with the need for sexual love with one person. It is marked by the eruption of genital interest and the advent of lustful relationships. In the United States, early adolescence is generally parallel with the middle-school years. As with most other stages, however, Sullivan placed no great emphasis on chronological age.

The need for intimacy achieved during the preceding stage continues during early adolescence, but is now accompanied by a parallel but separate need—lust. In addition, security, or the need to be free from anxiety, remains active during early adolescence. Thus, intimacy, lust, and security often collide with one another, bringing stress and conflict to the young adolescent in at least three ways. First, lust interferes with security operations because genital activity in American culture is frequently ingrained with anxiety, guilt, and embarrassment. Second, intimacy also can threaten security, as when young adolescents seek intimate friendships with other-gender adolescents. These attempts are fraught with self-doubt, uncertainty, and ridicule from others, which may lead to loss of self-esteem and an increase in anxiety. Third, intimacy and lust are frequently in conflict during early adolescence. Although intimate friendships with peers of equal status are still important, powerful genital tensions seek outlet without regard for the intimacy need. Therefore, young adolescents may retain their intimate friendships from preadolescence while feeling lust for people they neither like nor even know.

Because the lust dynamism is biological, it bursts forth at puberty regardless of the individual's interpersonal readiness for it. A boy with no previous experience with intimacy may see girls as sex objects, while having no real interest in them. An early adolescent girl may sexually tease boys but lack the ability to relate to them on an intimate level.

The early adolescent's search for intimacy can increase anxiety and threaten security.

Sullivan (1953b) believed that early adolescence is a turning point in personality development. The person either emerges from this stage in command of the intimacy and lust dynamisms or faces serious interpersonal difficulties during future stages. Although sexual adjustment is important to personality development, Sullivan felt that the real issue lies in getting along with other people.

Late Adolescence

Late adolescence begins when young people are able to feel both lust and intimacy toward the same person, and it ends in adulthood when they establish a lasting love relationship. Late adolescence embraces that period of self-discovery when adolescents are determining their preferences in genital behavior, usually during secondary school years, or about ages 15 to 17 or 18.

The outstanding feature of late adolescence is the fusion of intimacy and lust. The troubled attempts at self-exploration of early adolescence evolve into a stable pattern of sexual activity in which the loved one is also the object of lustful interest. People of the other gender are no longer desired solely as sex objects but as people who are capable of being loved nonselfishly. Unlike the previous stage that was ushered in by biological changes, late adolescence is completely determined by interpersonal relations.

Successful late adolescence includes a growing syntaxic mode. At college or in the workplace, late adolescents begin exchanging ideas with others and having their opinions and beliefs either validated or repudiated. They learn from others how to live in the adult world, but a successful journey through the earlier stages facilitates this adjustment. If previous developmental epochs were unsuccessful, young
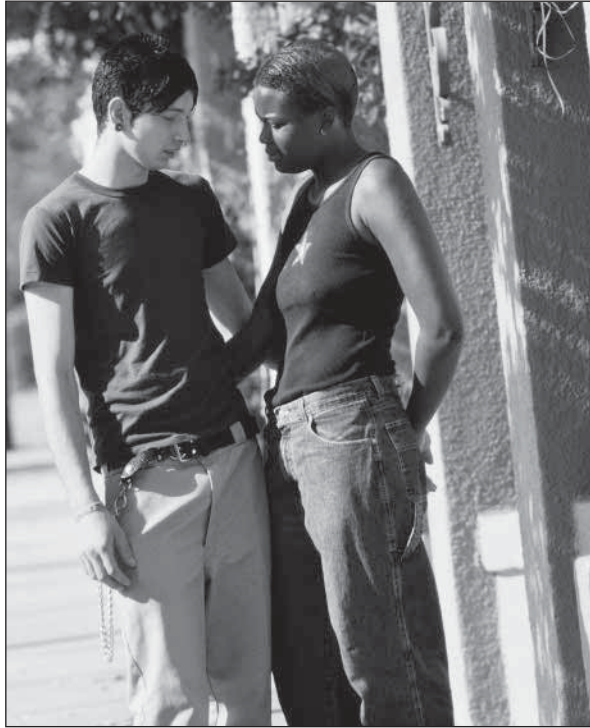
During late adolescence, young people feel both lust and intimacy toward one other person.

people come to late adolescence with no intimate interpersonal relations, inconsistent patterns of sexual activity, and a great need to maintain security operations. They rely heavily on the parataxic mode to avoid anxiety and strive to preserve self-esteem through selective inattention, dissociation, and neurotic symptoms. They face serious problems in bridging the gulf between society's expectations and their own inability to form intimate relations with persons of the other gender. Believing that love is a universal condition of young people, they are often pressured into "falling in love." However, only the mature person has the capacity to love; others merely go through the motions of being "in love" in order to maintain security (Sullivan, 1953b).

Adulthood

The successful completion of late adolescence culminates in adulthood, a period when people can establish a love relationship with at least one significant other person. Writing of this love relationship, Sullivan (1953b) stated that "this really highly developed intimacy with another is not the principal business of life, but is, perhaps, the principal source of satisfaction in life" (p. 34).

Sullivan had little to say about this final stage because he believed that mature adulthood was beyond the scope of interpersonal psychiatry; people who have achieved the capacity to love are not in need of psychiatric counsel. His sketch of the mature person, therefore, was not founded on clinical experience but was an extrapolation from the preceding stages.

Mature adults are perceptive of other people's anxiety, needs, and security. They operate predominantly on the syntaxic level, and find life interesting and exciting (Sullivan, 1953b).

Table 8.2 summarizes the first six Sullivanian stages of development and shows the importance of interpersonal relationships at each stage.

T A B L E   8 . 2

Summary of Sullivan's Stages of Development

Stage	Age	Significant Others	Interpersonal Process	Important Learnings
Infancy	0 to 2	Mothering one	Tenderness	Good mother/ bad mother; good me/bad me
Childhood	2 to 6	Parents	Protect security through imaginary playmates	Syntaxic language
Juvenile era	6 to 8½	Playmates of equal status	Orientation toward living in the world of peers	Competition, compromise, cooperation
Preadolescence	8½ to 13	Single chum	Intimacy	Affection and respect from peers
Early adolescence	13 to 15	Several chums	Intimacy and lust toward different persons	Balance of lust, intimacy and security operations
Late adolescence	15 —	Lover	Fusion of intimacy and lust	Discovery of self and the world outside of self

Psychological Disorders

Sullivan believed that all psychological disorders have an interpersonal origin and can be understood only with reference to the patient's social environment. He also held that the deficiencies found in psychiatric patients are found in every person, but to a lesser degree. There is nothing unique about psychological difficulties; they are derived from the same kind of interpersonal troubles faced by all people. Sullivan (1953a) insisted that "everyone is much more simply human than unique, and that no matter what ails the patient, he is *mostly* a person like the psychiatrist" (p. 96).

Most of Sullivan's early therapeutic work was with schizophrenic patients, and many of his subsequent lectures and writings dealt with schizophrenia. Sullivan (1962) distinguished two broad classes of schizophrenia. The first included all those symptoms that originate from organic causes and are therefore beyond the study of interpersonal psychiatry. The second class included all schizophrenic disorders

grounded in situational factors. These disorders were the only ones of concern to Sullivan because they are the only ones amenable to change through interpersonal psychiatry.

Dissociated reactions, which often precede schizophrenia, are characterized by loneliness, low self-esteem, the uncanny emotion, unsatisfactory relations with others, and ever-increasing anxiety (Sullivan, 1953b). People with a dissociated personality, in common with all people, attempt to minimize anxiety by building an elaborate self-system that blocks out those experiences that threaten their security. Whereas normal individuals feel relatively secure in their interpersonal relations and do not need to constantly rely on dissociation as a means of protecting self-esteem, mentally disordered individuals dissociate many of their experiences from their self-system. If this strategy becomes persistent, these people will begin to increasingly operate in their own private worlds, with increasing parataxic distortions and decreasing consensually validated experiences (Sullivan, 1956).

Psychotherapy

Because he believed that psychic disorders grow out of interpersonal difficulties, Sullivan based his therapeutic procedures on an effort to improve a patient's relationship with others. To facilitate this process, the therapist serves as a *participant observer,* becoming part of an interpersonal, face-to-face relationship with the patient and providing the patient an opportunity to establish syntaxic communication with another human being.

While at St. Elizabeth Hospital, Sullivan devised a then radical means of treating seriously disturbed patients. His supervisors agreed to grant him a ward for his own patients and to allow him to select and train paraprofessional workers who could treat the patients as fellow human beings. At that time, most schizophrenic and other psychotic patients were warehoused and regarded as subhuman. But Sullivan's experiment worked. A high rate of his patients got better. Erich Fromm (1994) regarded Sullivan's near miraculous results as evidence that a psychosis is not merely a physical disorder and that the personal relationship of one human being to another is the essence of psychological growth.

In general terms, Sullivanian therapy is aimed at uncovering patients' difficulties in relating to others. To accomplish this goal, the therapist helps patients to give up some security in dealing with other people and to realize that they can achieve mental health only through consensually validated personal relations. The therapeutic ingredient in this process is the face-to-face relationship between therapist and patients, which permits patients to reduce anxiety and to communicate with others on the syntaxic level.

Although they are participants in the interview, Sullivanian therapists avoid getting personally involved. They do not place themselves on the same level with the patient; on the contrary, they try to convince the patient of their expert abilities. In other words, friendship is not a condition of psychotherapy—therapists must be trained as experts in the difficult business of making discerning observations of the patient's interpersonal relations (Sullivan, 1954).

Sullivan was primarily concerned with understanding patients and helping them improve foresight, discover difficulties in interpersonal relations, and restore

their ability to participate in consensually validated experiences. To accomplish these goals, he concentrated his efforts on answering three continuing questions: Precisely what is the patient saying to me? How can I best put into words what I wish to say to the patient? What is the general pattern of communication between us?

Related Research

Sullivan's interpersonal theory of personality rests on the assumption that unhealthy personality development results from interpersonal conflicts and difficulties. Beginning around the age of 6, and especially by the age of 9, children's relationships with peers their own age become increasingly important for personality development. Sullivan particularly emphasized the importance of same-sex friends and used the term "chums" to describe this specific category of peers. In this section we review some recent research on the dynamics of same-sex friendships in childhood and how they can be simultaneously helpful and harmful for healthy development depending on certain factors.

The Pros and Cons of "Chums" for Girls and Boys

Harry Stack Sullivan, like countless other psychologists, considered friends during childhood and adolescence to be crucial to developing into a healthy adult. Friends are a source of social support, and it is comforting to lean on them when times are tough or when you're having a bad day. Friends may be particularly important during childhood because children do not have the same advanced coping mechanisms that adults have and sometimes struggle to deal with issues like being rejected by a peer. In situations like these it is important to have a friend, or a "chum" to use Sullivan's language, to talk to. But recently, psychologists have begun investigating the potentially harmful aspects of social support in childhood. It may seem counterintuitive to suggest that having friends can be a bad thing, but sometimes the dynamics of a particular friendship can actually be damaging.

Rumination is one such dynamic that can have a negative impact on children's well-being. Ruminating is the act of dwelling on a negative event or negative aspects of an otherwise neutral or even positive event and is generally considered to be harmful as it is associated with an increase in depression. When rumination occurs in the context of a friendship, it is called co-rumination, which is defined as excessively discussing personal problems within a relationship (Rose, Carlson, & Waller, 2007). While generally speaking, Sullivan had it right when he emphasized the importance of childhood friendships in his interpersonal theory of personality, one of the most important attributes of science is to question previously held assumptions.

And this is exactly what Amanda Rose and her colleagues have begun doing in their research on how, in some cases, friendships can be damaging. Specifically, Rose and colleagues are interested in the negative impact of co-rumination in childhood friendships (Rose, 2002; Rose et al., 2007).

To investigate the existence of co-rumination in childhood relationships and the impact of co-rumination on children's well-being, Amanda Rose and colleagues conducted a longitudinal study of children in elementary and middle school. The researchers went into local schools and recruited almost 1,000 children in third, fifth,

seventh, and ninth grades to participate in the study. Toward the beginning of the school year, all participants completed self-report measures of depression and anxiety and also rated their friendships on overall quality and co-rumination. The items for co-rumination within friendships consisted of statements like "When we talk about a problem that one of us has, we usually talk about that problem every day even if nothing new has happened" and "When we talk about a problem that one of us has, we try to figure out everything about the problem, even if there are parts that we may never understand" (Rose et al., 2007, p. 1022). As these sample items demonstrate, co-rumination is not a constructive process by which a child works through a problem with a friend. Rather, co-rumination involves dwelling on the negative even when there is no solution to be found and no good that can come of it.

The researchers returned to the schools toward the end of the school year and once again had participants complete measures of depression, anxiety, and friendship quality. Nearly all of the children reported that their closest friends were same-sex (or "chums" as Sullivan would call them), so the researchers focused on these friendships. Overall, co-rumination in same-sex friendships was related to increased feelings of depression and anxiety but was also related to greater friendship quality (Rose et al., 2007). In other words, although co-rumination did increase negative feelings, it was not all negative because it was also a sign of a good friendship. This makes sense because constantly dwelling on negative events will understandably lead one to feel more depressed, but disclosing your feelings to friends can make you feel closer to that person and generally improve the relationship.

The researchers were also interested in whether co-rumination functions differently in boys and girls. Are girls more likely to engage in co-rumination than boys? Is co-rumination better for girls than boys or vice versa? Before her study on co-rumination, Rose and a colleague conducted a review of research on the friendships of boys and girls (Rose & Rudolph, 2006). What they found was that boys and girls engage in very different activities within their friendships on a daily basis. For example, girls spend more time talking, and particularly engaging in self-disclosure, whereas boys are more likely to engage in rough-and-tumble play together. Girls also report placing a greater importance on their friendships than do boys. These findings indicate that there are different dynamics within same-sex friendships for girls and boys.

Returning to the longitudinal study of children and their same-sex friends, Rose and colleagues looked for sex differences in the effects of co-rumination on depression, anxiety, and overall friendship quality. What they found was quite interesting because co-rumination was particularly bad for girls but not so bad for boys. For girls, the overall effects previously described held up: Co-rumination was associated with increased depression and anxiety but also with better friendships. For boys, however, co-rumination was associated with better friendships but was not related to increased depression or anxiety. These findings make clear that there are very different dynamics functioning in the same-sex friendships of boys and girls and that the implications can be profound.

Many times when a parent, therapist, or school counselor evaluates whether or not a child is at risk for depression or other psychological issues, they check to make sure the child has a supportive friend group or "chums." Amanda Rose's research shows that for boys, having a supportive friend may well be sufficient to ward off

depression and anxiety. For girls, however, the research paints a different picture: If girls are engaging in co-rumination with their friends, then no matter how supportive those friends are and no matter how good the friendship is, girls are at increased risk for developing depression.

Imaginary Friends

More than any other personality theorist, Sullivan recognized the importance of having an imaginary friend, especially during the childhood stage. He believed that these friendships can facilitate independence from parents and help children build real relationships. In support of Sullivan's notion, research has found that children do tend to view imaginary friends as a source of nurturance (Gleason, 2002; Gleason & Hohmann, 2006). Moreover, evidence supports Sullivan's theory that children who develop imaginary friends—in contrast to those who do not—are more creative, imaginary, intelligent, friendly, and sociable (Fern, 1991; Gleason, 2002). Of course it's hard to get by on imaginary friends alone, but there is some evidence that suggests imaginary friends are just as important as real friends, at least in the eyes of children (Gleason & Hohmann, 2006).

To explore how children view imaginary friends in relation to their real friends, Tracy Gleason and Lisa Hohmann (2006) conducted a study of preschool-age children. The researchers had 84 children enrolled in preschool complete an activity in which they listed who their friends were at preschool, described their imaginary friend if they had one, and rated each friend (including the imaginary ones) on several dimensions. Specifically, the children rated how much they liked playing with each friend, whether they told secrets to one another, how much they liked each friend in general, and how good each friend made them feel about their own abilities. Of course, because the participants in this study were young children, they could not respond to a standard self-report measure. Instead, the questions were read aloud to each child, and the questions were carefully worded to use language that preschoolers could easily understand. Additionally, because children can get confused easily, their responses had to be corroborated by their parents and preschool teachers.

What Gleason and Hohmann (2006) found was generally supportive of Sullivan's notion that imaginary friends are important and help to model how real friendships should work. Twenty-six percent of the preschoolers sampled reported having an imaginary friend and that their imaginary friend was a source of real support and one of their highest rated sources of enjoyment (Gleason & Hohmann, 2006). The researchers were also able to compare children's ratings of imaginary friends with those of their real friends and found that imaginary friends very closely modeled the enjoyment derived from reciprocal friendships but not that derived from friendships that were essentially one-way. That is, relationships with imaginary friends were enjoyable at about the same level as those friendships in which both children described each other as friends (a reciprocal friendship), but not in which one child says the other is a friend but the other one does not reciprocate (one-way friendships).

In summary, research tends to support Sullivan's assumptions that having an imaginary playmate is a normal, healthy experience It is neither a sign of pathology

nor a result of feelings of loneliness and alienation from other children. Indeed, imaginary friends not only may serve as a source of enjoyment but also may have the more important purpose of modeling for children what a truly good, mutually enjoyable friendship should be so that they can avoid bad relationships as they grow and mature into healthy adults.

Critique of Sullivan

Although Sullivan's theory of personality is quite comprehensive, it is not as popular among academic psychologists as the theories of Freud, Adler, Jung, or Erik Erikson (see Chapter 9). However, the ultimate value of any theory does not rest on its popularity but on the six criteria enumerated in Chapter 1.

The first criterion of a useful theory is its ability to *generate research.* Currently, few researchers are actively investigating hypotheses specifically drawn from Sullivan's theory. One possible explanation for this deficiency is Sullivan's lack of popularity among researchers most apt to conduct research—the academicians. This lack of popularity might be accounted for by Sullivan's close association with psychiatry, his isolation from any university setting, and the relative lack of organization in his writings and speeches.

Second, a useful theory must be *falsifiable;* that is, it must be specific enough to suggest research that may either support or fail to support its major assumptions. On this criterion, Sullivan's theory, like those of Freud, Jung, and Fromm, must receive a very low mark. Sullivan's notion of the importance of interpersonal relations for psychological health has received a moderate amount of indirect support. However, alternative explanations are possible for most of these findings.

Third, how well does Sullivanian theory provide an organization for all that is known about human personality? Despite its many elaborate postulates, the theory can receive only a moderate rating on its ability to *organize knowledge.* Moreover, the theory's extreme emphasis on interpersonal relations subtracts from its ability to organize knowledge, because much of what is presently known about human behavior has a biological basis and does not easily fit into a theory restricted to interpersonal relations.

The relative lack of testing of Sullivan's theory diminishes its usefulness as a *practical guide* for parents, teachers, psychotherapists, and others concerned with the care of children and adolescents. However, if one accepts the theory without supporting evidence, then many practical problems can be managed by resorting to Sullivanian theory. As a guide to action, then, the theory receives a fair to moderate rating.

Is the theory *internally consistent?* Sullivan's ideas suffer from his inability to write well, but the theory itself is logically conceptualized and holds together as a unified entity. Although Sullivan used some unusual terms, he did so in a consistent fashion throughout his writings and speeches. Overall, his theory is consistent, but it lacks the organization he might have achieved if he had committed more of his ideas to the printed page.

Finally, is the theory *parsimonious,* or simple? Here Sullivan must receive a low rating. His penchant for creating his own terms and the awkwardness of his writing add needless bulk to a theory that, if streamlined, would be far more useful.

Concept of Humanity

Sullivan's basic conception of humanity is summed up in his *one-genus hypothesis,* which states that "*everyone is much more simply human than otherwise*" (1953b, p. 32). This hypothesis was his way of saying that similarities among people are much more important than differences. People are more like people than anything else.

> In other words, the differences between any two instances of human personality—from the lowest-grade imbecile to the highest-grade genius—are much less striking than the difference between the least-gifted human being and a member of the nearest other biological genus. (p. 33)

Sullivan's ability to successfully treat schizophrenic patients undoubtedly was greatly enhanced by his deeply held belief that they shared a common humanity with the therapist. Having experienced at least one schizophrenic episode himself, Sullivan was able to form an empathic bond with these patients through his role as a participant observer.

The one influence separating humans from all other creatures is interpersonal relations. People are born biological organisms—animals with no human qualities except the potential for participation in interpersonal relations. Soon after birth, they begin to realize their potential when interpersonal experiences transform them into human beings. Sullivan believed that the mind contains nothing except what was put there through interpersonal experiences. People are not motivated by instincts but by those environmental influences that come through interpersonal relationships.

Children begin life with a somewhat one-sided relationship with a mothering one who both cares for their needs and increases their anxiety. Later, they become able to reciprocate feelings for the mothering one, and this relationship between child and parent serves as a foundation on which subsequent interpersonal relations are built. At about the time children enter the first grade at school, they are exposed to competition, cooperation, and compromise with other children. If they handle these tasks successfully, they obtain the tools necessary for intimacy and love that come later. Through their intimate and love relationships, they become healthy personalities. However, an absence of healthy interpersonal relationships leads to stunted psychological growth.

Personal individuality is an illusion; people exist only in relation to other people and have as many personalities as they have interpersonal relations. Thus, the concepts of *uniqueness* and *individuality* are of little concern to Sullivan's interpersonal theory.

Anxiety and interpersonal relations are tied together in a cyclic manner, which makes significant personality changes difficult. Anxiety interferes with interpersonal relations, and unsatisfactory interpersonal relations lead to the use of rigid behaviors that may temporarily buffer anxiety. But because these inflexible behaviors do not solve the basic problem, they eventually lead to higher levels of anxiety, which lead to further deterioration in interpersonal relations. The increasing

anxiety must then be held in check by an ever-rigid self-system. For this reason, we rate Sullivan's theory as *neither optimistic nor pessimistic* concerning the potential for growth and change. Interpersonal relations can transform a person into either a healthy personality or one marked by anxiety and a rigid self-structure.

Because Sullivan believed that personality is built solely on interpersonal relations, we rate his theory *very high on social influence.* Interpersonal relations are responsible for both positive and negative characteristics in people. Infants who have their needs satisfied by the mothering one will not be greatly disturbed by their mother's anxiety, will receive genuine feelings of tenderness, can avoid being a malevolent personality, and have the ability to develop tender feelings toward others. However, unsatisfactory interpersonal relations may trigger malevolence and leave some children with the feeling that people cannot be trusted and that they are essentially alone among their enemies.

Key Terms and Concepts

- People develop their personality through *interpersonal relationships.*
- Experience takes place on three levels—*prototaxic* (primitive, presymbolic), *parataxic* (not accurately communicated to others), and *syntaxic* (accurate communication).
- Two aspects of experience are *tensions* (potential for action) and *energy transformations* (actions or behaviors).
- Tensions are of two kinds—needs and anxiety.
- *Needs* are conjunctive in that they facilitate interpersonal development.
- *Anxiety* is disjunctive in that it interferes with the satisfaction of needs and is the primary obstacle to establishing healthy interpersonal relationships.
- Energy transformations become organized into consistent traits or behavior patterns called *dynamisms.*
- Typical dynamisms include *malevolence* (a feeling of living in enemy country), *intimacy* (a close interpersonal relationship with a peer of equal status, and *lust* (impersonal sexual desires).
- Sullivan's chief contribution to personality was his concept of various *developmental stages.*
- The first developmental stage is *infancy* (from birth to the development of syntaxic language), a time when an infant's primary interpersonal relationship is with the mothering one.
- During *childhood* (from syntaxic language to the need for playmates of equal status), the mother continues as the most important interpersonal relationship, although children of this age often have an imaginary playmate.
- The third stage is the *juvenile era* (from the need for playmates of equal status to the development of intimacy), a time when children should learn

competition, compromise, and cooperation—skills that will enable them to move successfully through later stages of development.

- The most crucial stage of development is *preadolescence* (from intimacy with a best friend to the beginning of puberty). Mistakes made during this phase are difficult to overcome later.
- During *early adolescence* young people are motivated by both intimacy (usually for someone of the same gender) and lust (ordinarily for a person of the opposite gender).
- People reach *late adolescence* when they are able to direct their intimacy and lust toward one other person.
- The successful completion of late adolescence culminates in *adulthood,* a stage marked by a stable love relationship.
- With Sullivan's *psychotherapy,* the therapist serves as a participant observer and attempts to improve patients' interpersonal relations.