4.6: Sullivan's Interpersonal Psychology

Sullivan shares two particular distinctions with Adler: his influence is extraordinarily wide ranging, and he is not very well known. It has been suggested that he was the most original and creative American-born psychiatrist (Chapman & Chapman, 1980). In Corsini & Wedding's *Current Psychotherapies* (1995), Sullivan is mentioned in ten of the fourteen chapters, including those written by Albert Ellis, Carl Rogers, Aaron Beck, and Rollo May, as well as the chapters written about Sigmund Freud, Alfred Adler, and Carl Jung. Due largely to his emphasis on interpersonal relationships, he is acknowledged by Jean Baker Miller and other founding members of the Stone Center (see Chapter 9; Jordan, et al., 1991; Miller, 1976). So how can he be relatively unknown? According to Evans (1996), there are a number of reasons for Sullivan’s lack of popularity, but two seem to stand out. First, Sullivan did not publish much during his lifetime, and what he did publish was somewhat poorly written and difficult to understand. Second, Sullivan was apparently a very difficult and strange man, whose writings often included derogatory statements about psychiatry and psychiatrists (even though this was his own field). Whatever the reasons are for his lack of renown, Sullivan has had a significant influence on psychiatry and psychology nonetheless.

Whereas Adler considered relationships to be an obvious consequence of social interest, the primary factor in Individual Psychology is the striving for superiority. Social interest and interpersonal relationships, of course, make healthy superiority possible. For Sullivan, however, it was the interpersonal relationships themselves that were paramount:

*One achieves mental health to the extent that one becomes aware of one’s interpersonal relations*…It is part of the framework that supports all explanations of what is going on, what might be going on, and what will presently be going on…It is *the* necessary formula to which everything must be assimilable, if it is therapy. (pg. 207; Sullivan, 1940)
**Euphoria, Tension, and Security**

Sullivan believed that we exist somewhere between the states of absolute euphoria and absolute tension. Absolute euphoria is a state of utter well-being, which, unfortunately, is not really possible. The closest we can come to experiencing absolute euphoria is in the deep sleep of a newborn infant. Tension is the alternative state to euphoria, and tension is very much a part of our lives. It arises from two sources: needs and anxiety. There are two basic types of needs: those that arise from actual biological needs (food, water, air, etc.), and those that are cultural or learned. In real life, however, these types of needs cannot be separated. An infant cannot satisfy its biological needs, it must be cared for. Thus, Sullivan talked routinely about a mothering need, which is a need for an intimate, interpersonal relationship. When the mother does indeed care for the infant, the infant experiences this as tenderness, and the infant develops an ongoing need for tenderness. Thus, through the need for a mother and the need for tenderness, the infant finds itself in a world in which it needs interpersonal relationships for continued survival and psychological development (Chapman & Chapman, 1980; Lundin, 1979; Mullahy & Melinek, 1983; Sullivan, 1940, 1953).

Anxiety is the result of real or imagined threats, and can be experienced by the infant or caused by an anxious mother. In either case, it can be particularly intense in an infant because they cannot specifically do anything about it. Furthermore, unlike biological needs that can be met quite specifically (e.g., a hungry child can be fed), how can anxiety be satisfied? The answer, according to Sullivan, is through the pursuit of interpersonal security. In other words, a sense of security, the alternative to anxiety, can be obtained only through relationships that provide the child with tenderness and empathy. Sullivan used the term empathy to describe “the peculiar emotional linkage that subtends the relationship of the infant with other significant people - the mother or the nurse” (pg. 17; Sullivan, 1940). Long before infants show any sense of understanding emotional expressions, they seem to be able to share in emotional feelings, through what Sullivan considered an innate capacity for empathy. Even an infant is not, however, merely a recipient of the relationships in which it is involved, it is an active and engaged person. Likewise, children do not simply wait and hope for security, they actively engage in thoughts and behaviors that Sullivan called security operations. Security operations serve to maintain our sense of self-esteem, or self-respect, and they often begin with an emphatic sense of “I.” Unfortunately, this leads to an odd paradox: the concept that we can have self-esteem without being in relationship with others:

It is one’s prestige, one’s status, the importance which people feel one is entitled to, the respect that one can expect from people…that dominate awareness. *These things are so focal in interpersonal relations of our day and age that the almost unassailable conviction develops…that each of us, as defined by the animal organism that we were at birth, are unique, isolated individuals in the human world…* (pg. 219; Sullivan, 1964)
Dynamisms and the Self-System

Underlying Sullivan's emphasis on interpersonal relationships is the fundamental concept of dynamism. Similar to the physical universe, our psychological environment involves ongoing transfers of energy (in the psychological sense) between ourselves and the people we interact with, and this is a dynamic back-and-forth system (i.e., a relationship). A dynamism is a relatively enduring pattern of energy transformation that allows us to characterize a living organism. Each organism, or each person, has many dynamisms, but the ones of particular interest to psychiatrists, according to Sullivan, are those related to how we interact with others (Sullivan, 1953).

One of the most important dynamisms is the self-system. The self-system is somewhat unique, in that it integrates and provides meaning for all of the individual’s interactions and experiences; Sullivan referred to it as a secondary dynamism (secondary here refers to a higher level of processing, not secondary in importance; Sullivan, 1953). The self-system also integrates the security operations, and serves to protect the individual from tension. Chapman & Chapman (1980) offer a useful description of various ways in which the self-system utilizes security operations in the actions of a 3-year-old child:

1. When faced with an emotionally threatening situation, the child may lapse into stubborn silence.
2. When there is tension between the child and the demands of older children, the child will obstinately resist the efforts of the older children to get the child to conform to their desires.
3. When stressful interpersonal situations arise, the child will withdraw into solitary play.
4. In new, anxiety-provoking environments the child will physically cling to a familiar adult.
5. When anxiety arises between the child and others, the child may engage in meticulous play with inanimate objects (toys, coloring books, etc.).
6. When the child's emotional needs are not met by others, they may regress into more immature behavior and speech.

By observing these behaviors, we can understand who this child is at this point in their life. For a 3-year-old, such behaviors are quite normal. However, such security operations would be considered less appropriate for an adult. And yet, sometimes these behaviors become part of the self-system of an adolescent, or an adult, and Sullivan referred to such instances as dynamisms of difficulty (Sullivan, 1956, 1972). When dynamisms of difficulty go into action, they fail to achieve a desired goal, or at best achieve only an unsatisfactory goal. Since they are relatively enduring, as are all dynamisms, they tend to characterize states of psychological illness, and would indicate the need for psychotherapy. As a curious side-note, while discussing the dynamism of the self-system, Sullivan appears to be the first person to have used the now well-known term significant other (Sullivan,
Another important type of dynamism is the **personification**. A newborn infant cannot really understand who their mother is, or who they themselves are, so the infant develops an image of the mother, the father, themselves, etc. These images, which can sometimes conflict with one another, are called personifications. For instance, when the mother feeds and comforts the infant, she is the “good” mother. But when she fails to display appropriate tenderness, or her own anxiety is expressed to and experienced by the infant, she is the “bad” mother. Later, as the child develops greater intellectual capacity and experience, these personifications are fused into a single mother. Similarly, the infant begins life with personifications of itself as sometimes “bad” and sometimes “good,” and later in life fuses these personifications as the adolescent begins to establish a clear identity (Chapman & Chapman, 1980; Mullahy & Melinek, 1983; Sullivan, 1953, 1964). As with all of the concepts we have discussed here, the process of personification continues into adulthood. A mother will develop her own personifications of the infant, which, as mentioned above, may be experienced by the infant. For example, if a baby is colicky (cries constantly and cannot be soothed), it can be very frustrating for a mother, especially a new mother. Her anxiety may lead to a personification of her baby as inconsolable and of herself as a “bad” mother. Her discomfort, then, in caring for her baby can be experienced by the baby, leading to the baby’s personification of her as a “bad” mother. The key here, according to Sullivan’s theory, is that neither the mother nor the baby is in any way bad or good, inconsolable or tender, *except in relation to one another!*

Sullivan described the **personified self** as those aspects of personality about which one is consciously aware. This provides important information for a psychotherapist, and pursuing information about the personified self is an important part of the **psychiatric interview** (Sullivan, 1954). During the interview, Sullivan recommended that the psychotherapist examine four aspects of personified self: what does the patient esteem and/or disparage about themselves; to what experiences is the patient's self-esteem particularly and unreasonably vulnerable; what are the characteristic security operations employed when the patient is made anxious; and how great are the patient’s reserves of security? In addition to these important points, Sullivan also considered it essential for a psychotherapist to gain an impression of the whole interview situation, particularly with regard to the patient’s sense of proportion in terms of where they fit into life. By understanding the personified self, the patient’s knowledge of themselves, and how they view themselves within the context of their life, the psychotherapist can gain an understanding of what is realistically possible for the patient during the course of therapy (Sullivan, 1954).

**Discussion Question:** Sullivan described the personified self as knowing what you like or dislike about yourself, what experiences are particularly damaging to your self-esteem, your characteristic security operations, and how deep your reserves of security are. Consider each of these points, and provide yourself with a self-evaluation. Overall, do you see yourself as a relatively healthy, secure...
person, or someone whose life is plagues by tension and anxiety?

**Developmental Epochs**

Sullivan considered an understanding of the course of human development to be essential to understanding individuals. He described seven developmental epochs: infancy, childhood, the juvenile era, preadolescence, early adolescence, late adolescence, and adulthood (Sullivan, 1953, 1954, 1964). These developmental stages represent a gradual unfolding of the individual's capacity for effective interpersonal relationships or, in other words, the individual's ability to fit into the social structure of their environment (Chrzanowski, 1977; Lundin, 1979). As we all know, children maintain very different relationships than adults do, and we would not expect children to have adult-like relationships. Thus, when attempting to evaluate a person's state of mental health, which Sullivan equated with their ability to form healthy relationships, we clearly need to understand something about what constitutes the developmentally appropriate possibilities.

Infancy begins at birth, and lasts until the acquisition of speech. It is the time of the most empathic connection between the infant and its caregivers, which can be characterized by tenderness and security, or by anxiety and tension. Childhood lasts through the remainder of the preschool years, and involves extending one's interpersonal relationships outside of the immediate family to peers (friends and playmates). In addition, language is incorporated into one's experiences of approval and disapproval. The juvenile era begins as one enters grade school. Once again, interpersonal relations are expanded to include a wider variety of people and situations, including competition with one's peers and subordination to authority figures (such as teachers and the school's principal).

Adolescence involves some very dramatic changes, particularly in the direction of the intensely intimate relationships of adulthood. During preadolescence, there is a marked increase in the closeness of friendships (e.g., “best friends forever”), which is characterized by an intimate dynamism. Early adolescence is marked by an interest in the other sex, and an erotic dynamism is formed. Late adolescence, which Sullivan placed between the middle high school years the early college years, were a time of developing full and mature interrelationships, as well as understanding of the need for responsible citizenship within one’s society. When these dynamisms, including the self-system, become stabilized, and society has transformed the individual into a completely social being, the person has attained adulthood (Chrzanowski, 1977; Lundin, 1979; Sullivan, 1953, 1954, 1964).

Sullivan provided ages for the transition of these developmental epochs, but he also acknowledged that they are based on experience. Thus, it is possible for the stages to occur at different times in unique individuals. The course, however, remains the same, unless the course fails to progress.
If an individual is not provided with the opportunities to advance their interpersonal development, there can be an **arrest of development** (Sullivan, 1953, 1964). An arrest of development does not mean that the personality becomes static, but rather, the freedom and velocity of constructive changes becomes markedly reduced. Later, the arrested development becomes apparent through eccentricities in one’s interpersonal relations. The individual does not simply continue to act like a normal child, there is an increased likelihood that this “warp” in personality development will also lead to malevolent dynamisms and the consequent social problems (such as delinquency and crime).

**Discussion Question:** Do you know anyone who demonstrates arrested development (someone who seems immature, especially in relationships)? Are you able to maintain a friendship with that person, or is the situation too stressful?

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**Final Notes on Harry Stack Sullivan**

From his early days working with William Alanson White, Sullivan was particularly interested in the treatment of schizophrenia. One of the books published by the White Foundation was entitled *Schizophrenia as a Human Process* (Sullivan, 1962), in which his longtime friend Clara Thompson described him as having a “genuine liking and respect” for his patients. Later the White Foundation published a series of seminars Sullivan offered to the psychiatric residents at Sheppard Pratt, as well as members of the Chestnut Lodge and the Washington School of Psychiatry, on the treatment of a young, male schizophrenic. The text includes commentary by others some 25 years after the seminar (see Kvarnes & Parloff, 1976).

Like Alfred and Kurt Adler, Sullivan recognized the difficulty of treating psychotic patients. The prognosis, in Sullivan’s opinion, depends to a large extent upon the patient’s history of successful interpersonal relationships:

…let us consider the empirical fact that the schizophrenia which appears in the form of a sudden dramatic onset is usually considered to have a more favorable prognosis than the schizophrenia with more gradual onset. But in those cases of sudden onset in which satisfactory experience with significant persons in the past is totally lacking, the patient may be practically beyond redemption; he may manifest empirically trustworthy capacity for recovery to the extent of making excellent institutional recovery; but the psychiatrist is daft who expects that he can put the patient out into the world without prompt relapse. (pg. 197; Sullivan, 1956)

Returning to Sullivan’s basic concept of personality, he offered the following definition:

Personality is the relatively enduring configuration of life-processes characterizing all of the person’s total activity pertaining to such other persons, real or fantastic, as become from time to relevant
factors in his total situations. (pg. 47; Sullivan, 1972)

While this definition is rather sweeping in its coverage, it remains focused on interpersonal relationships. According to Thompson, Sullivan was very serious about his own relationships:

The quality of his friendship showed the same genuineness and tolerance so characteristic of his relation to patients. He was slow in making friends. He tested them for a long time...Once a person had passed the test he could count on Harry for absolute loyalty. No matter what your mistakes - and he might point them out to you privately - before the world he was on your side...He had a characteristic phrase when parting form a friend - “God keep you.” (pg. xxxiv; Clara Thompson in Sullivan, 1962)