ÇAĞ UNIVERSITY
FACULTY of ARTS &
SCIENCES
PSYCHOLOGY DEPARTMENT
PSY 313 FUNDAMENTAL
CONCEPTS IN
PSYCHOANALYTIC THEORY
COURSE
WEEK 13

Harry Stack Sullivan and Interpersonal Psychoanalysis

Harry Stack Sullivan and Interpersonal Psychoanalysis

Interpersonal psychoanalysis emerged in the 1920s through Sullivan's work with schizophrenic patients. His approach revolutionized understanding of mental health by focusing on relationships rather than isolated individuals.

Sullivan's Background

1 Early Years

Born in 1892 in rural Chenango County, New York. Sullivan grew up in a time when pragmatist philosophy dominated American intellectual life.

2 Medical Training

Studied medicine in Chicago, where the pragmatist "Chicago School" influenced his thinking about human behavior and psychology.

3 Clinical Work

Worked at St. Elizabeths Hospital under William Alanson White, developing interest in schizophrenia treatment.

In methodology, pragmatism was a broad philosophical attitude toward the formation of concepts, hypotheses, and theories and their justification. For pragmatists, the individual's interpretations of reality are motivated and justified by considerations of their efficacy and utility in serving his interests and needs.

Challenging Traditional Views

Kraepelin's Approach

Viewed schizophrenia as a neurophysiological disease with inevitable deterioration. Patients were seen as disconnected from relationships.

(Kraepelin's term was "dementia prae- cox") is the disconnection from ordinary channels of relationship with other people. Schizophrenics have disordered thought and live in their own world. They adopt postures (like catatonic stupor) and behaviors (like hebephrenic feces-smearing or paranoid rages) that dramatically discourage any efforts by others to reach them.

Sullivan's Observation

Found schizophrenic patients extremely sensitive to their interpersonal environment. Their communications were oblique (indirect) and disguised but meaningful. They were delicately aware, often painfully so, of other people.

ideas of reference: convictions that things going on around you, unrelated to you, are really about you (for example, that events on a television program are personal messages to you).

The Importance of Interpersonal Context

Human beings are inseparable, always and inevitably, from their interpersonal field. The individual's personality takes shape in an environment composed of other people. The individual is in continual interaction with other people. The personality or self is not something that resides "inside" the individual, but rather something that appears in interactions with others.
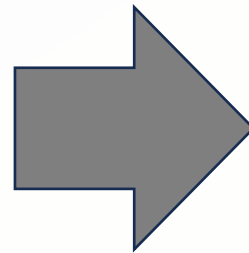
The Case of Maya Abbott

Traditional Diagnosis

Auditory hallucinations, feelings of unreality, and ideas of reference. Viewed as random symptoms of deteriorating physiology.
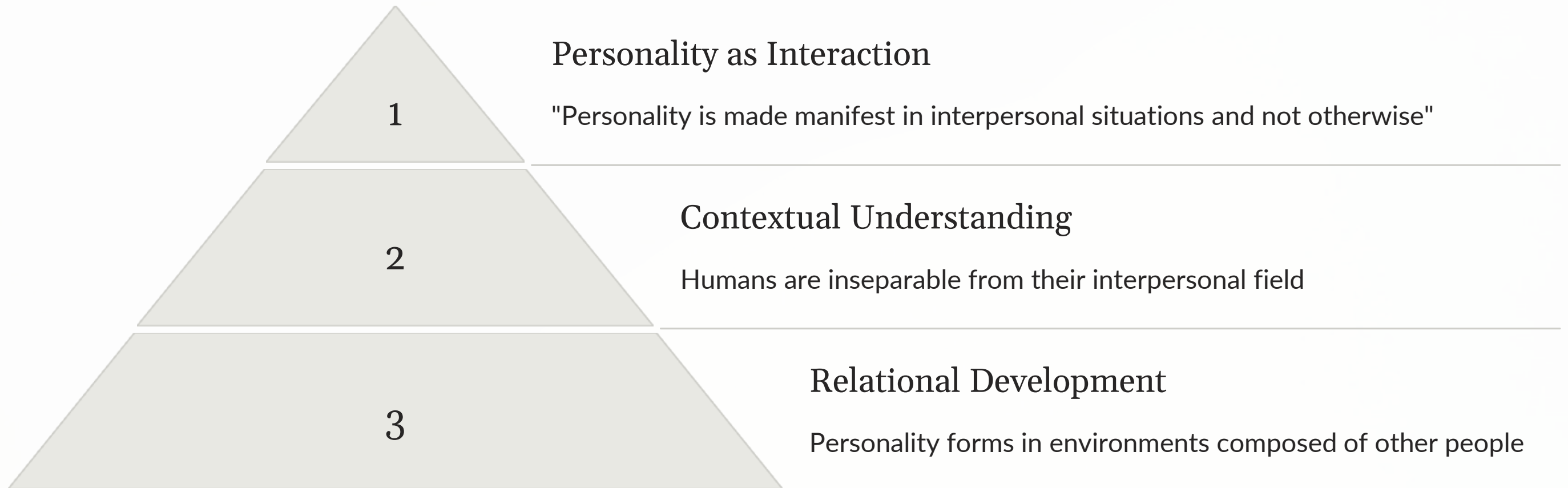
Family Observation

Parents exchanged nods, winks, and gestures about Maya but denied doing so when confronted.

Reframed Understanding

Maya's "paranoia" made sense in context. She mistrusted her own mistrust of her parents' mystifying behaviors.

The Interpersonal Field

1

Personality as Interaction

"Personality is made manifest in interpersonal situations and not otherwise"

2

Contextual Understanding

Humans are inseparable from their interpersonal field

3

Relational Development

Personality forms in environments composed of other people

Beyond Schizophrenia

1 **Expanded Application**

Sullivan realized his interpersonal approach applied to all patients, not just those with severe disorders. To understand them outside those contexts was a serious mistake.

2 **Contextual Understanding**

All personalities are shaped to fit interpersonal niches. They cannot be understood outside these contexts.

3 **Relational Focus**

Human activity and mind are generated in interactions among individuals, not residing solely within them.

A traditional Freudian psychoanalyst, using the intrapsychic approach, would generate certain kinds of hypotheses about dynamics inside the patient: The ill-fated romances are likely to be entangled with oedipal dynamics, conflictual wishes to win the mother. The hypotheses would include the patient's fantasies about these women and the patient's fantasies about his mother. The failed romances would be found to both express and preserve the patient's tie to the oedipal parent.

Sullivan was interested in very different data. He wanted to know what happens between this man and these women: Whereas the Freudian analyst is looking for repressed wishes and fantasies, Sullivan is looking for unattended interactions. For Sullivan to get the data he needed, he had to know more than what the patient thought, felt, and fantasized about.

Case Study: Failed Romances

1 Patient Presentation

Young man with history of "grand passions" for women that inevitably failed. Patient knew something was wrong but couldn't identify it. He has fallen deeply in love with one woman after another for years and years past but, shockingly enough, nothing has ever come of it.

2 Interpersonal Investigation

Sullivan focused on what happened between the man and these women, not just internal fantasies.

3 Pattern Discovery

Man idealized qualities women didn't possess, subtly rejecting the real person while claiming intense passion.

Sullivan would next want to understand the origins of that interaction in the patient's early history: How did he learn to destroy love in this fashion? Was he loved in this fashion? Were significant others in his early life reachable only in this way?

Sullivan's Clinical Approach

Active Inquiry

Actively inquired into interactions rather than waiting silently for hidden wishes to emerge.

Contextual Details

Sought specific details about what actually happened between people. Who said what? When did emotions change?

Pattern Recognition

Identified recurring patterns in relationships that revealed how patients recreated their fate repeatedly.
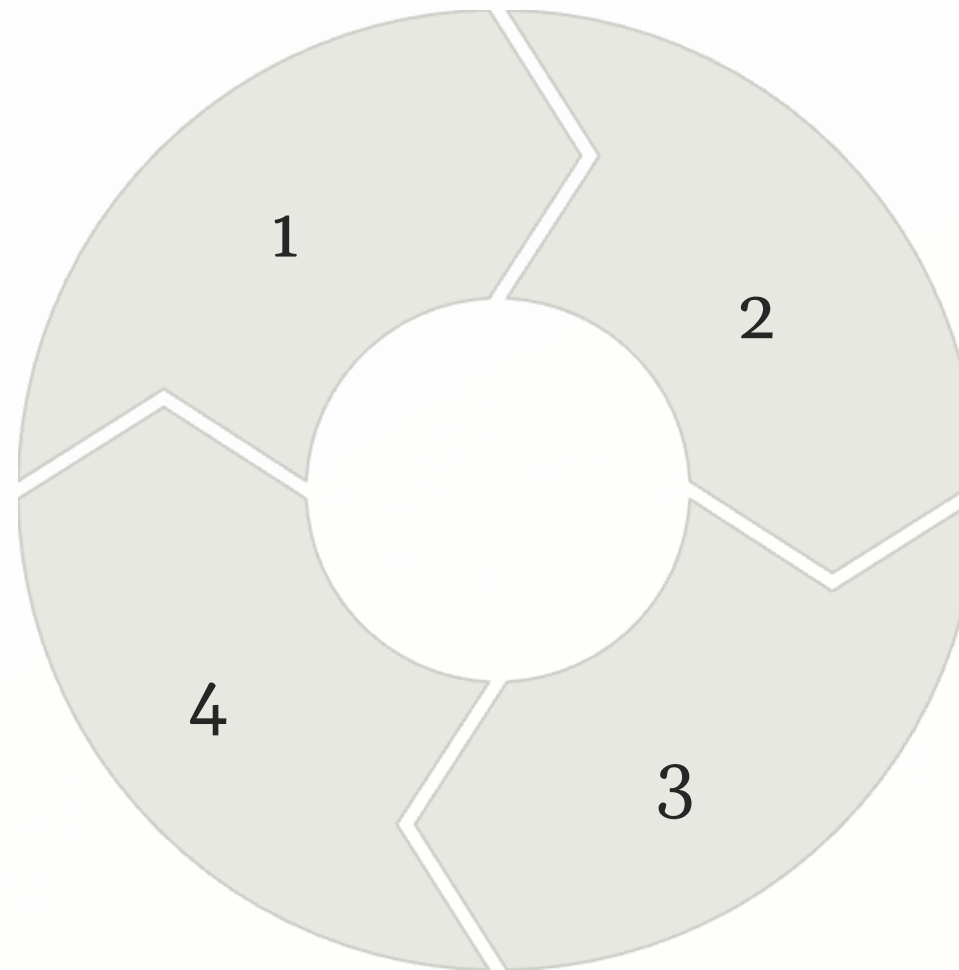
Contrasting with Freudian Approach

Intrapsychic Focus

Freudian approach examines dynamics inside the patient, like oedipal wishes.

Interpersonal Focus

Sullivan examines what happens between people, seeking neglected interactions.

Interaction History

Sullivan explores past interactions that shaped current patterns.

Past Orientation

Freudians explore impulses and wishes from the past.

1

2

3

4

Sullivan's Lasting Impact

Theoretical Innovation

Shifted focus from individual pathology to interpersonal contexts. Influenced later theorists like R.D. Laing.

Clinical Practice

Developed active, inquiry-based techniques that examine relationship patterns rather than isolated symptoms.

Legacy

Established foundation for contemporary relational and interpersonal approaches to psychotherapy that continue today.

Anxiety and Motivation: Sullivan's Interpersonal Theory

This presentation explores Harry Stack Sullivan's theory of anxiety as the central factor in shaping human experience and interpersonal relationships.

We'll examine how anxiety influences development, shapes the self, and impacts our interactions with others throughout life.

The Case of Oscar

1 **Chronic Concern**

Oscar, mid-thirties, sought therapy for persistent fears about his sexual orientation.

2 **Weekend Incident**

After intimacy with an ex-girlfriend, he had ruminative preoccupation about whether he was gay and whether he would ever be happy in an intimate relationship with a woman.

3 **Anxiety Management**

His homosexual thoughts emerged as a way to manage anxiety about intimacy.

4 **Underlying Pattern**

Oscar used sexual content to create distance when closeness became threatening.

Anxiety as the Central Factor

Beyond Symptoms

Sullivan viewed dramatic symptoms as distractions from underlying anxiety.

Managing Intimacy

Oscar's case showed how mental content shifts to manage anxiety about closeness.

Comfort in Discomfort

His self-torture provided a familiar, if anxious, sense of security.

Sullivan introduced a developmental theory in which anxiety is the key pathological factor in shaping the self and regulating interactions with others.

Developmental Origins of Anxiety

1 Newborn State

Babies oscillate (swing) between comfort and tension as needs arise.

2 Integrating Tendencies

Most needs naturally draw caregivers into mutually satisfying interactions.
The baby is hungry and needs to feed. The breasts of the lactating mother are full of milk-she needs to nurse. They are drawn together in a mutually gratifying integration.

3 Anxiety Introduction

But if needs for satisfaction operate so smoothly as integrating tendencies, why then are human interactions so filled with dissatisfactions, conflicts, clashes? Unlike natural needs, anxiety comes from outside through "empathic linkage."

4 Disintegrating Effect

Anxiety interferes with feeding, cuddling (hugging), and other basic functions.

Fear vs. Anxiety

Fear

Arises from within the baby due to unmet needs. Acts as an integrating tendency, drawing caregivers closer.

Anxiety

Picked up from others through emotional contagion. Has no focus and creates a paradox - the source is also the potential rescuer.
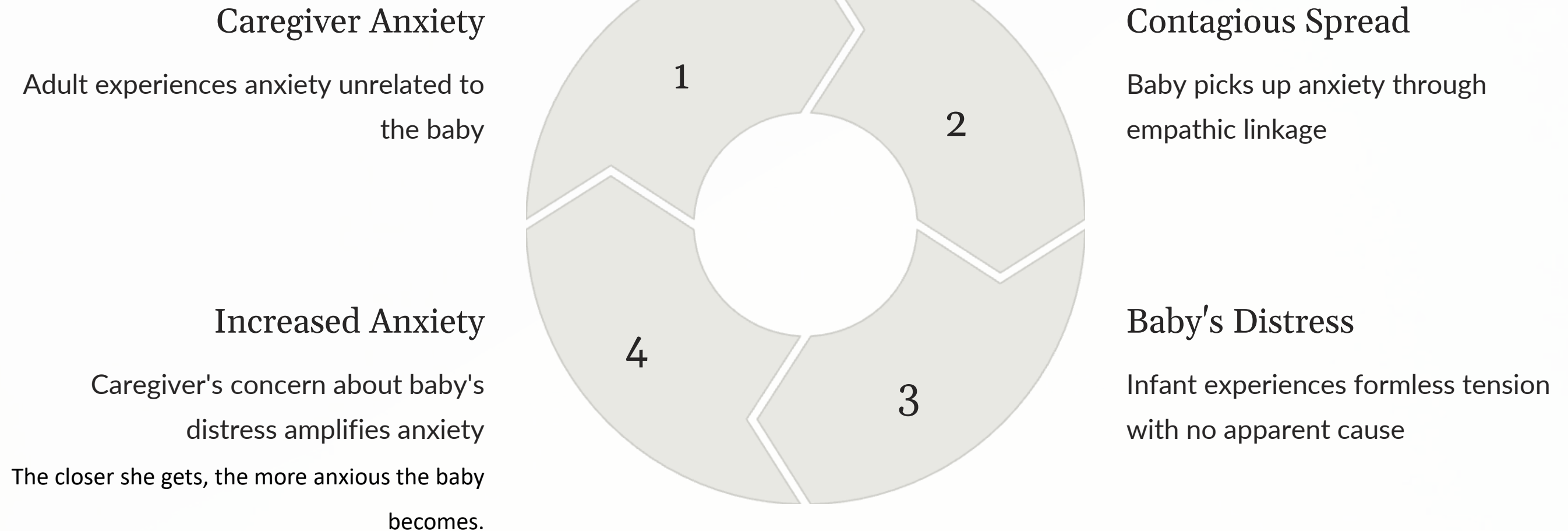
The Snowball Effect

Anxious caregiver approaches distressed baby, bringing more anxiety closer, creating an escalating cycle.

Anxiety, for Sullivan, is the monkey wrench in a complexly evolved, otherwise harmonious system of interpersonal and social mutual regulation.

The Empathic Linkage

(contagious spread of mood from caregivers to babies)

In contrast to Freud, Sullivan envisioned human needs as unproblematic in themselves. We are not born with asocial, brutish impulses needing to be tamed and socialized only through great threat and effort. Sullivan argued; rather, we have evolved into social creatures who are wired in a way that draws us into interactions with others.

Caregiver Anxiety

Adult experiences anxiety unrelated to the baby

Contagious Spread

Baby picks up anxiety through empathic linkage

Increased Anxiety

Caregiver's concern about baby's distress amplifies anxiety

The closer she gets, the more anxious the baby becomes.

Baby's Distress

Infant experiences formless tension with no apparent cause

1

2

3

4

Good Mother vs. Bad Mother

"Good Mother" State

Caregiver is calm and responsive. Baby's needs are met effectively.

"Bad Mother" State

Caregiver is anxious. Baby experiences unrelievable tension.

First Distinction

Baby's first mental categorization is between anxious and non-anxious states.

Development of Self-Awareness

Passive Experience

Infant initially experiences mental states without control.

Pattern Recognition

Baby learns to predict caregiver states through facial expressions and tone.

Self-Connection

Child discovers own behaviors influence whether "good" or "bad" mother appears.

Behavior Adaptation

Child begins modifying actions to reduce anxiety and increase approval.

Formation of Self-System

1
"Not Me"

Dissociated experiences that provoke intense anxiety

2
"Bad Me"

Behaviors (e.g., fussing) that generate disapproval and moderate anxiety

3
"Good Me"

Behaviors (e.g., resting quietly) that receive approval and create relaxed states

Sullivan believed these categories form gradually as the child connects certain activities with the emotional responses they provoke in caregivers.

Implications for Adult Relationships

Sullivan's theory explains how childhood patterns of anxiety management persist into adulthood, shaping our intimate relationships and social interactions.

Understanding these patterns can help us recognize when we're using various behaviors to manage anxiety rather than meet our genuine needs for connection.

The Self-System: How We Are Shaped by Others

The self-system develops as children learn to control their experiences. They discover how to make "good mother" appear and "bad mother" disappear.

This system allows access to "good me" while excluding "not me." It directs children away from behaviors causing anxiety in caregivers.

Formation of the Self

1

Anxiety Response

The self-system develops to minimize anxiety. Children shape behaviors to fit caregivers' expectations. The self-system shapes the child to fit into the niche supplied by the personalities of his significant others.

2

Personality Etching (engraving)

A child's potential narrows as they become "the son of this particular mother." Personality is etched by parental anxiety.

3

Conservative System

The self-system steers (directs) toward the familiar. Early anxiety can create rigid controls that limit new experiences.

Developmental Epochs

1 — **Peer Relations**

At age 4-5, children need peer relationships beyond exclusive adult involvement.

2 — **The "Chum" (Buddy)**

Preadolescents develop need for a single close friend.

3 — **Intimacy**

Adolescents seek sexual satisfaction and emotional intimacy.

Each new need loosens self-system constraints. This allows healthier integration and overriding of old anxieties.

Sullivan vs. Freud

Sullivan's View

Experiences become conflictual only when they arouse anxiety in caregivers.

Anxiety levels directly reflect early environment anxiety.
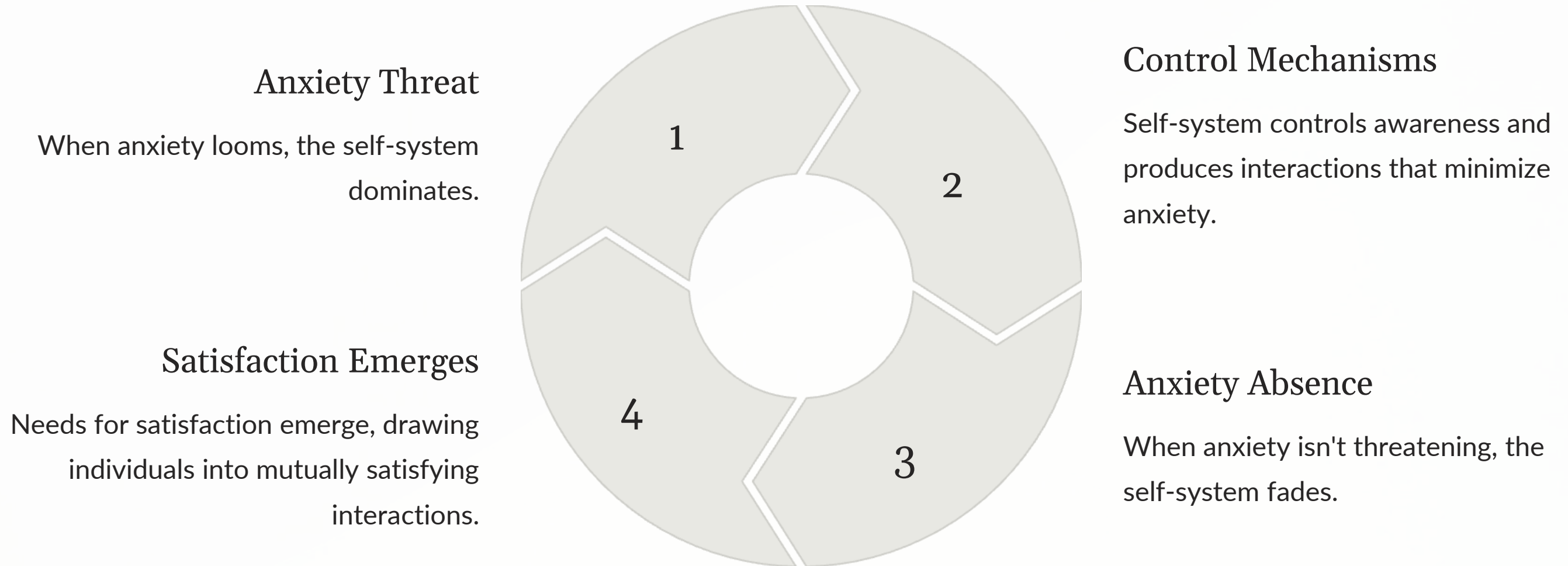
Mind is thoroughly social.

Freud's View

Sexuality and aggression are inherently asocial and conflictual.

Conflict intensity relates to innate drive strength.

Mind built from drives and ego shaped through interaction.

Sullivan never devised a comprehensive theory of development or a theory of healthy functioning. His formulations were explicitly concerned with the development of psychopathology and the response of the self to difficulties in living. Thus his formulations concerning the self all pertain to processes designed to keep anxiety at a minimum. (He termed these antianxiety processes **needs for security** to distinguish them from needs for satisfaction.)

Security vs. Satisfaction

Anxiety Threat

When anxiety looms, the self-system dominates.

Control Mechanisms

Self-system controls awareness and produces interactions that minimize anxiety.

Satisfaction Emerges

Needs for satisfaction emerge, drawing individuals into mutually satisfying interactions.

Anxiety Absence

When anxiety isn't threatening, the self-system fades.

1

2

4

3

Like Freud, Sullivan saw human experience as tension between pleasure (Sullivan's "satisfactions") and defensive regulation (Sullivan's "security").

Security Operations and the Point of Anxiety

Sullivan described the self-system as moving through life with exquisite (excellent) sensitivity to rising anxiety. We develop rapid security operations to steer away from anxiety points.

Interpersonal psychoanalysts increase awareness of these operations through detailed inquiry and self-reflection. This approach contrasts sharply with traditional Freudian methods.

Sullivan's Approach vs. Classical Method

Classical Freudian

Analyst doesn't ask questions

Patient's conflicts emerge through free associations

Analyst interprets underlying dynamics

Minimal direction preserves patient autonomy

Sullivan's Interpersonal

Detailed questioning is essential
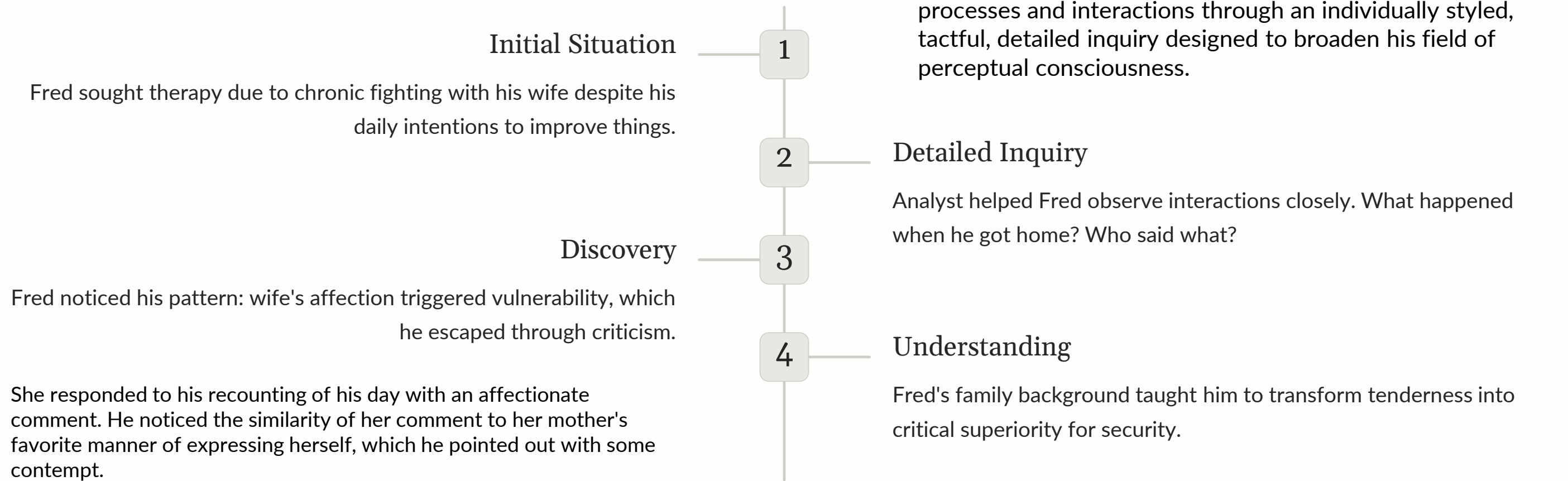
Language is viewed as idiosyncratic

Meaning emerges through interpersonal context

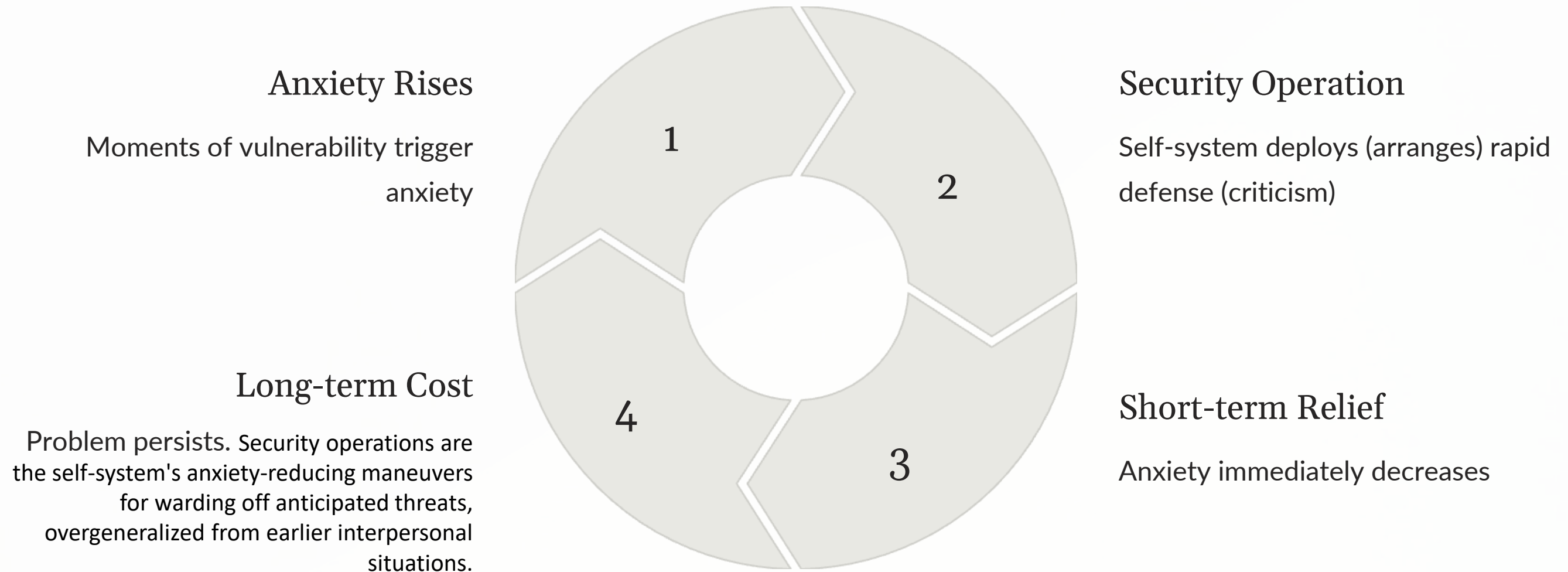Directed inquiry reveals what anxiety hides

The meaning of words is embedded in the original interpersonal contexts in which they were learned. It takes a long time for one person to understand the real meaning of words used by another person, particularly if what is being discussed involves intensely affective and deeply personal matters.

The Case of Fred

Fred, like most analysands beginning treatment, was a poor observer of his own psychic processes and the full range of his interactions with others. The interpersonal analyst would try to find a way to get Fred interested in those processes and interactions through an individually styled, tactful, detailed inquiry designed to broaden his field of perceptual consciousness.

Initial Situation — 1

Fred sought therapy due to chronic fighting with his wife despite his daily intentions to improve things.

2 — Detailed Inquiry

Analyst helped Fred observe interactions closely. What happened when he got home? Who said what?

Discovery — 3

Fred noticed his pattern: wife's affection triggered vulnerability, which he escaped through criticism.

4 — Understanding

Fred's family background taught him to transform tenderness into critical superiority for security.

She responded to his recounting of his day with an affectionate comment. He noticed the similarity of her comment to her mother's favorite manner of expressing herself, which he pointed out with some contempt.

Security Operations and Change

Anxiety Rises

Moments of vulnerability trigger anxiety

1

2

Security Operation

Self-system deploys (arranges) rapid defense (criticism)

Long-term Cost

Problem persists. Security operations are the self-system's anxiety-reducing maneuvers for warding off anticipated threats, overgeneralized from earlier interpersonal situations.

4

3

Short-term Relief

Anxiety immediately decreases

Through therapy, patients expand awareness of these patterns. Change is both conceptual and perceptual, allowing new choices despite short-term discomfort.

Sullivan's Approach to Obsessionals

Sullivan developed a unique understanding of obsessional personality. Unlike Freud's focus on anal fixation or sadism, Sullivan saw obsessional control as a defense against anticipated humiliation.

This presentation explores Sullivan's interpersonal framework and its clinical applications through case studies.

Understanding Obsessional Behavior

Freud's View

Focused on anal fixation and sadism. Saw controlling traits as defenses against impulses to mess and defy.

Sullivan's Perspective

Viewed obsessional control as defense against anticipated humiliation. Patients raised in families of "hypocrites."

Key Difference

Freud: intrapsychic battle of impulses vs. defenses.
Sullivan: interpersonal security operations against relational dangers.

Case Study: Emily

1 Initial Presentation

Talented, successful woman struggling with relationships. Believed she could do everything better alone.

2 Therapy Process

Pursued analysis efficiently. Analyst felt extraneous. Emily subtly controlled sessions with prepared agendas.

3 Breakthrough

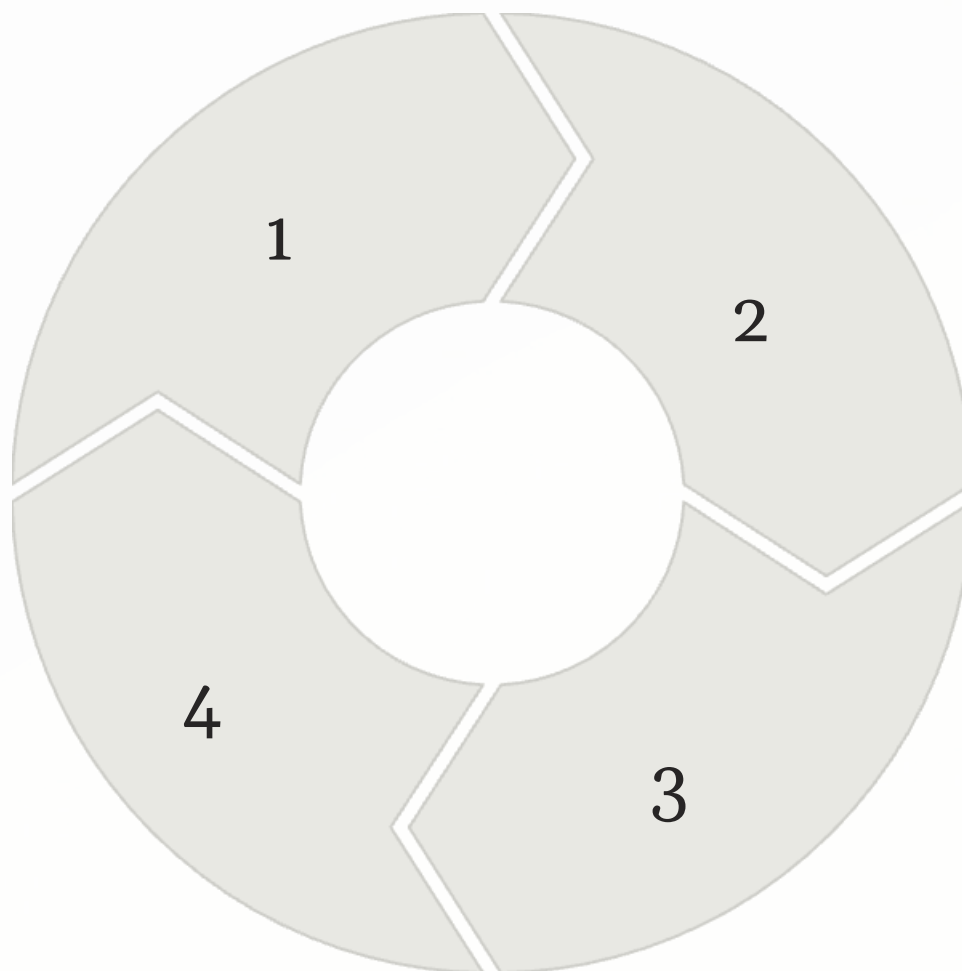Emily recognized her pattern: feeling interrupted by analyst's input despite seeking help.

4 Family Origins

Parents were emotional, anxious. Father self-absorbed. Mother treated as incompetent. Neither attended to Emily's needs.

The Interpersonal Framework

Security Operations

Patients develop patterns to maintain security in relationships.

Analyst's Role

Increase patient's awareness of participation in interactions.

Treatment Goal

Help patient see how short-term security limits long-term satisfaction.

Therapeutic Relationship

Patient enacts important interpersonal patterns with analyst.
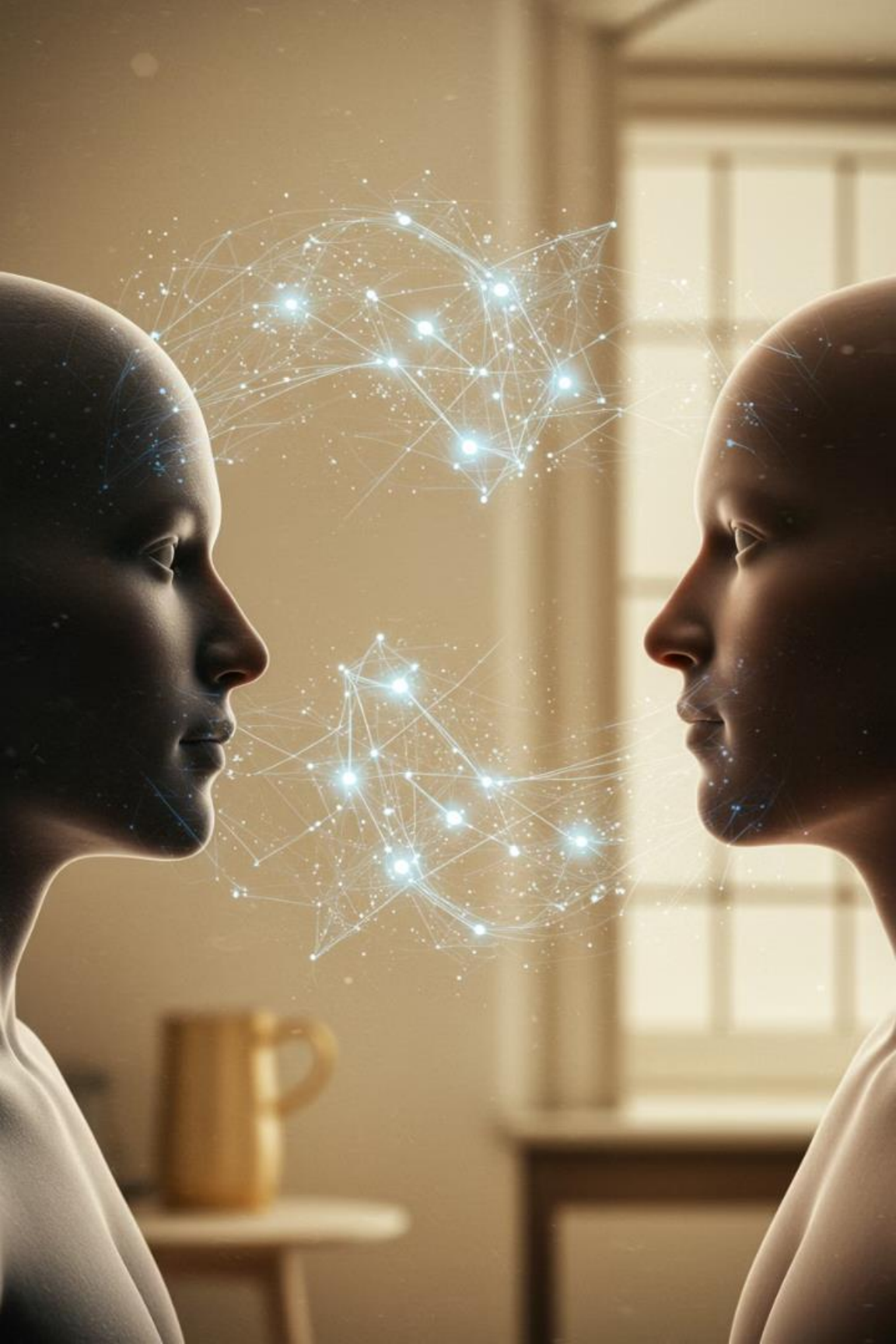
Contemporary Interpersonal Psychoanalysis

A journey through the evolution of interpersonal psychoanalytic theory, from its Freudian roots to modern interactive approaches.

Clara Thompson's Foundational Influence

Freudian Training — 1

Thompson trained at New York Psychoanalytic Institute in classical Freudian analysis.

2 — **Ferenczi's Influence**

Analyzed by Sandor Ferenczi, who emphasized actual relationships over fantasy.

Fromm's Integration — 3

Added Erich Fromm's humanistic psychoanalysis with its Marxist and existentialist elements.

4 — **Interpersonal Synthesis**

Integrated Sullivan's theory with Ferenczi and Fromm into interpersonal psychoanalysis.

Shift from Past to Present

1

Sullivan's Historical Focus

Sullivan emphasized patient's personal history and developmental phases.

2

Character Development

Thompson and Fromm shifted focus to character formation.

3

Present-Centered Approach

Contemporary analysts prioritize present interactions over past experiences.

4

Here-and-Now Emphasis

The therapeutic relationship becomes the primary arena for observation.

The Analyst's Evolving Role

Sullivan's View

Analyst as "participant observer" who remains emotionally detached. Expert status prevents being drawn into pathological patterns.

Contemporary View

Analyst as full participant with own needs and anxieties. No emotionally neutral position exists. Analyst inevitably gets caught in patient's dynamics.

Countertransference

Analyst's personal reactions now seen as crucial data, not interference. Provides insights into patient's relational patterns.

Case Study: Emily

Relational Pattern

Emily kept everyone at a distance while appearing helpful. She expected nothing from others and maintained self-sufficiency.

Therapeutic Interaction

Analyst felt diminished by Emily's approach. Sessions had disconnected beginnings, as if starting anew each time.

Countertransference Insight

Analyst's feelings revealed Emily's pattern of negating others' impact while meeting their needs.

Therapeutic Metaphor

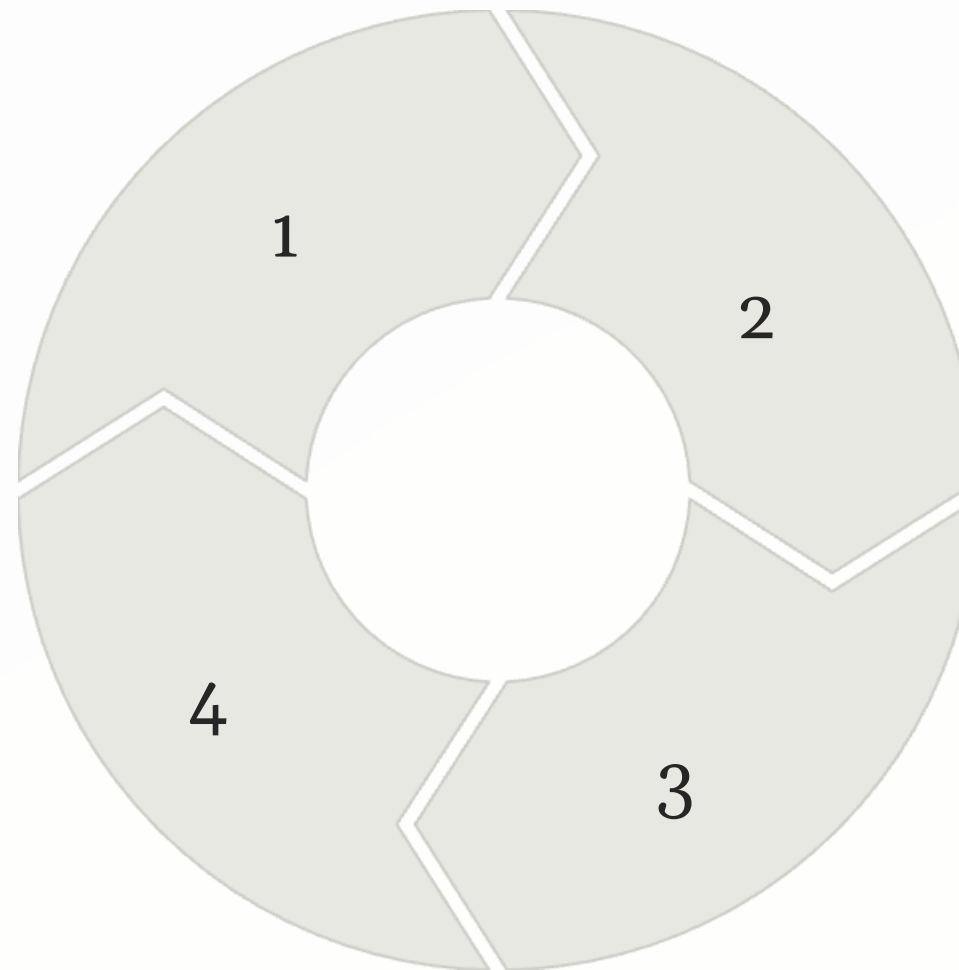Analyst as door-to-door salesman, always treated as arriving for the first time.

Contemporary Implications

Interactive Approach

Analyst and patient inevitably play out the patient's characteristic patterns.

Resisting Transformation

Analyst's awareness of participation creates possibility for different presence.

1

2

4

3

Broader Impact

Interpersonalists pioneered territory now explored by other psychoanalytic traditions.

Decentered Self

Sullivan's vision of multiple self-organizations continues to influence modern thought.

Although we experience ourselves as singular, we actually operate through multiple self organizations that are keyed in to experiences of the other(s) with whom we find ourselves interacting.