

## **Overview of Sullivan's theory**

*“Reading Sullivan is an acquired taste that requires an extremely active and critical engagement with the flow of his ideas”\*.*

### **Introduction**

Harry Stack Sullivan (1892-1949) was an American psychiatrist. He was born in upstate New York, into an Irish Catholic home.

Sullivan was known primarily for his theory of interpersonal relations. The key figures in this movement were Harry Stack Sullivan, Erich Fromm, Karen Horney, Clara Thompson & Frieda Fromm-Reichmann. Sullivan was strongly influenced by the work of Adolf Meyer. He theorised Personality as to manifest in interpersonal situations through interactions and experiences. Sullivan defined Personality as to be a temporal phenomenon which is shaped by the relationships that are shared with other people.

### **Overview**

Personality was conceptualised as an energy system with energy existing as a tension between two broad categories of needs (i.e. needs for satisfaction and needs for security) or as energy transformations (i.e. a person's behaviour that addresses our needs). Balance between needs for satisfaction and needs for security is postulated to be a critical determinant of one's emotional well-being. Two broad needs are as follows:

#### ***Needs for satisfaction includes:***

- A wide range of Physical and emotional tensions and desires.
- Physiological needs such as food or oxygen
- Necessity for emotional contact with people such as tenderness and intimacy
- Joyful exercise of capacities and functions such as play & self-expression
- Infant-mother dyad is required to meet an infant's needs for satisfactions
- Needs for satisfactions undergo transformations over the course of development obtained through zones of interaction which is an exchange between a person and his environment; in an infant, these zones include oral, retinal, auditory, tactile, vestibular, kinaesthetic, genital and anal

*Needs for security includes:*

- Characterised by the experience of anxiety which is similar to “fear”
- “Fear” is postulated to be caused by either violent disturbances in perceptions (such as loud noises or cold) or by imminent dangers to an infant’s existence (such as hunger or pain)
- Security is defined to be a freedom from anxiety
- Earliest discrimination of the experience of non-anxious and anxious states is termed “good-mother” and “bad-mother” respectively. The term “mother” is not to be confused with the actual mother
- “Me-you” patterns which are formed from anticipated anxiety and threats to self esteem when interacting with others conjure fictitious image of self and a corresponding image of others
- Infant learns to discriminate “signs” (such as, wrinkled brow, postural tensions, and so on) which is connected to anxious & non-anxious mother through a sequence of steps. Infant gradually realizes that both good & bad mother are a single person which assist the infant to discover that some of his behaviour makes mother more anxious while some are not. This happens at the age of one year & facilitated by the inception of language. Infant learns a complex set of process to control the mother’s anxiety as well as through the “empathic linkage” his own anxiety.
- Self-consciousness starts with the discrimination between euphoria and anxiety. Euphoria refers to a complete absence of anxiety and tension

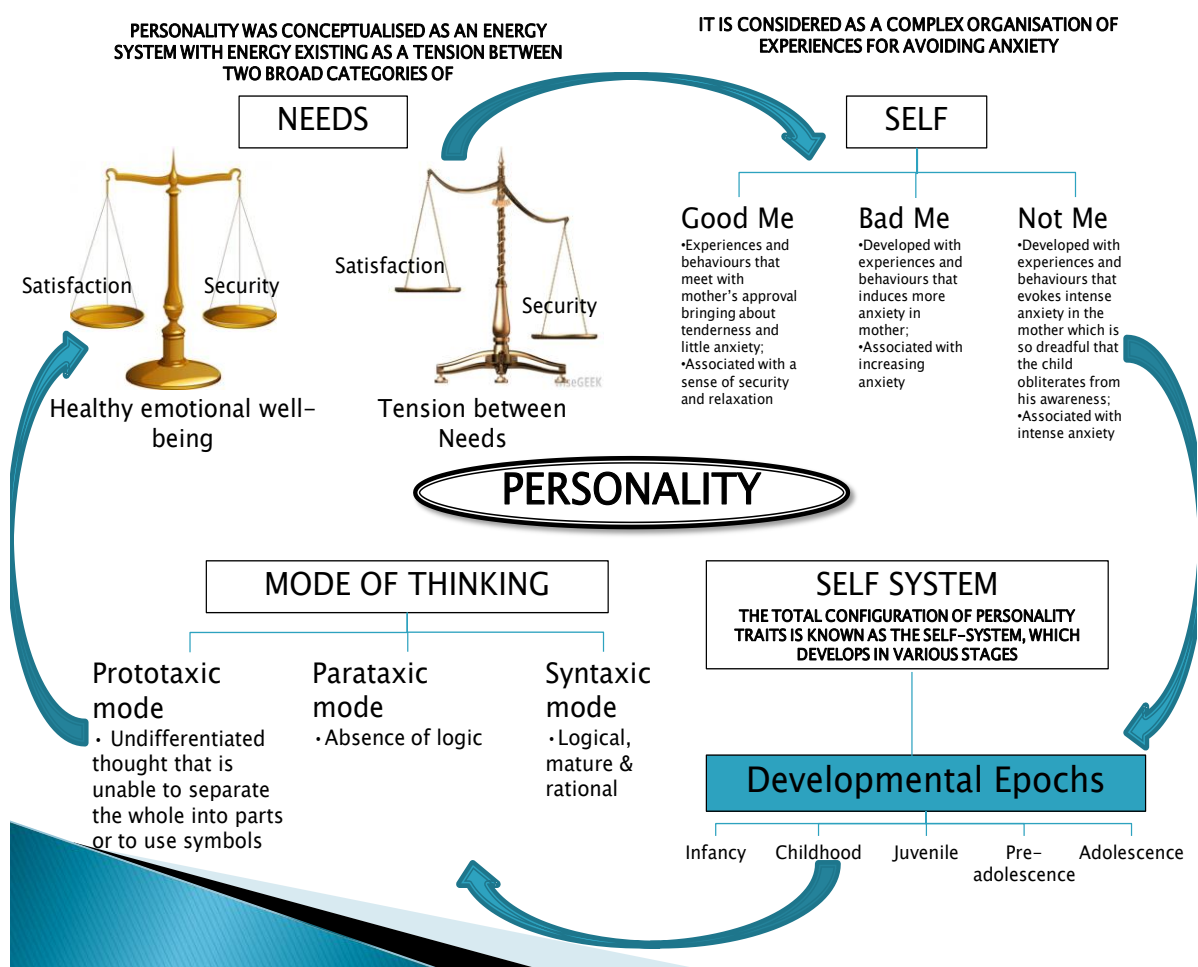
This complex process brings us to Sullivan’s “self” concept which involves organisation of experiences within the personality. Self is constructed from the reflected appraisals of oneself that forms a body of beliefs to the person’s personality. It is also considered as a complex organisation of experiences for avoiding anxiety; it develops from associating one’s behaviours with the mother’s affective state. Sullivan discriminated between three forms of self based on experiences and behaviours that induce anxiety in the mother:

(i) “Good-me,” (ii) “bad-me” and (iii) “not-me”

- “Good-me” developed with experiences and behaviours that meet with mother’s approval bringing about tenderness and little anxiety; associated with a sense of security and relaxation

- “Bad-me” developed with experiences and behaviours that induces more anxiety in mother; associated with increasing anxiety
- “Not-me” developed with experiences and behaviours that evokes intense anxiety in the mother which is so dreadful that the child obliterates from his awareness; associated with intense anxiety.

Personality is believed to be acquired through the subjective images of self and others through the developmental stages referred to as personifications. “Good-mother” (involves tenderness and responsiveness to needs) and “bad-mother” (involves anxious experiences) are composite personifications for an infant (see Figure 1 below):



**Figure 1: Overview of Sullivan's theory**

The total configuration of personality traits is known as the self-system, which develops in various stages. Sullivan called it as ‘developmental epochs’ This is the outgrowth of

interpersonal experiences and not the unfolding of intrapsychic forces. According to Sullivan Developmental Epochs involves:

- Infant (age 0 – 1 year): receives tenderness or learn anxiety from mother
- Child (age 1 – 4 years): seeks participation of adults as audience for play
- Juvenile (4 – 8 years): seeks competition, cooperation and compromising with peers
- Preadolescent (8 – 13 years; puberty): seeks intimacy, collaboration and lovingness with same-sex peer (i.e. best friend). This so-called chum period is the prototype for a sense of intimacy. Sullivan believed that an early harbinger of schizophrenia is the absence of a chum or buddy.
- Early Adolescent (13 – 16 years; post-puberty): seeks intimacy, collaboration, lovingness and sexual interest with opposite-sex person
- Late Adolescent (after 16 years): seeks sexual interactions with others
- Adult (post-adolescence): establishes stable relationship with significant other person and has consistent pattern of viewing the world

There are three modes of experiencing and thinking about the world: i.) The Prototaxic mode, ii.) The Parataxic mode & iii.) The Syntactic mode. All three happen side by side in all persons; in rare case a person can be found to work only in the Syntactic mode.

- The Prototaxic mode: the undifferentiated thought that is unable to separate the whole into parts or to use symbols
- The Parataxic mode: sees events as causally related because of temporal or serial connections, in the absence of logical relationships
- The Syntactic mode: the logical, rational & mature cognitive functioning

Sullivan viewed psychopathology not in terms of disease “entities” but in terms of “syndromes,” characteristic patterns of integrating relations with others, “processes of living.” He believed that ‘a person is what he does’ and all behaviours can be observable through interpersonal field. Sullivan stated that the therapy process needs the active participation of the therapist who is known as a participant observer. Parataxic mode of thinking need to be clarified during the therapy & new patterns of behaviour will be implemented. Finally, the persons need to see themselves who they really are, rather than what they really think or what they want others to think about themselves.

### **Applications:**

Sullivan’s theory can be used in clinical settings with clients who have:

- Anxiety disorders: Anxiety disorders comprise of the anxiety component which is associated with cautious and avoidant behaviours to anticipated threats; by exploring Sullivan's "*not-me*" self concept which is associated with intense anxiety, therapist will be able to understand the related thoughts and beliefs.
- Depressive disorders: The distinguishing factors of depressive disorders are the presence of the constant sad, empty, irritable mood; Sullivan's concept of the "*need for satisfaction*" which includes the physical, emotional and physiological factors which are necessary and important for an individual's general wellbeing helps to understand the causes of depressive disorders well.
- Eating disorders and obsessive-compulsive disorders: This has detrimental effects on the psycho-social and physical elements of an individual. Obsessive compulsive disorders are distinguished by the intrusive preoccupation and repeated behaviours; it can be said that both types of disorders consist of a compulsive element in which they are impelled to complete certain tasks or sets of behaviours. Sullivan's "*Bad-Me*" and "*Good-Me*" concepts are helpful to understand this in which individuals try to avoid the disciplinary outcomes through controlling aspects of their lives, and in the other in which the goal for the individuals is to gain approval.
- Personality disorders: Personality disorders associate with pervasive maladaptive inner experience and behaviours that diverge from the conventional cultural norms. Sullivan's "*me-you*" concept consists of conjuring a fictional image of self and correlative image of others can be used to understand the paranoia and emotional features of Cluster A and Cluster B personality disorders. In which an individual's inner experience and behaviours may be tendentious by the inaccurate intentional of patterns of interaction.

### **Limitations:**

- Sullivan never systematized his concepts into anything approaching a formal unity
- His interpersonal theory is low in its ability to generate research
- Requires insight and adequate cognitive abilities
- Sullivan's theory lacks indicator to measure effectiveness of intervention
- Dependent on clinician's experience and expertise for effectiveness

### **References:**

- \*Jay R. Greenberg and Stephen A. Mitchell (1983) *Object Relations in Psychoanalytic Theory*. Harvard University Press, Cambridge, Massachusetts, and London, England.
- Kaplan, H. I., & Sadock, B. J.(1991). *Synopsis of Psychiatry: Behavioral Sciences clinical Psychiatry* (6<sup>th</sup> Ed.). Baltimore, Maryland, USA: Williams & Wilkins.