

SULLIVAN'S INTERPERSONAL THEORY

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November 10, 2025

RECOMMENDED CITATION

Mohammed looti (2025). *SULLIVAN'S INTERPERSONAL THEORY*. Encyclopedia of psychology. Retrieved from <https://encyclopedia.arabpsychology.com/?p=16965>

The **Interpersonal Theory of Psychiatry**, developed by Harry Stack Sullivan, represents a crucial pivot in psychological thought, moving the focus away from purely intrapsychic conflict--as emphasized by classical psychoanalysis--toward the profound influence of social and cultural factors on personality development. Sullivan posited that the individual personality is not an isolated entity but rather the hypothetical center of various **interpersonal contacts**, arguing compellingly that a person's character and mental health are intrinsically shaped by their relations with others throughout the lifespan. This perspective emphasizes that psychological development is an ongoing, dynamic process rooted in securing satisfaction of basic needs and maintaining security through the reduction of anxiety derived from social interactions.

Sullivan's framework defines personality as the relatively enduring pattern of recurrent interpersonal situations which characterize a human life. He argued that personality cannot be studied in isolation; it only manifests and evolves within the field of interaction between people. Consequently, he viewed psychological disturbance as fundamentally arising from distorted or unsatisfactory relationships, particularly those established early in life. The central drive of human behavior, according to this theory, is the avoidance of the dread of **anxiety**, which is primarily transferred from the significant adults--initially the mother--to the infant, setting the stage for all future social adaptations and maladaptations. The goal of development is the establishment of genuine intimacy, defined as a type of relationship where one feels as concerned about the welfare of the other person as one is about oneself.

Unlike many of his predecessors, Sullivan stressed the importance of communication, both verbal and non-verbal, in constructing the self. The individual's sense of self is built upon the reflected appraisals of others; how others perceive and react to the person dictates the contents of their self-concept. The theory outlines specific phases, or epochs, of development--ranging from infancy through late adolescence--each marked by unique interpersonal tasks and challenges that must be successfully navigated to ensure healthy maturation. Failure to master the tasks of a given epoch, such as forming a chum relationship in preadolescence, can lead to persistent interpersonal difficulties and psychopathology later in life, underscoring the continuous and cumulative nature of social experience.

The Central Role of Interpersonal Relations

Sullivan's theory fundamentally redefines the scope of psychiatric inquiry, asserting that the proper subject matter of psychiatry is not the individual organism but the field of interpersonal relations. He maintained that the personality is a hypothetical entity that can only be observed and understood through interactions with others. This stance means that even when a person is physically alone, their internal experience remains rooted in anticipated, remembered, or fantasized interactions with significant people. The critical implication of this view is that mental health is synonymous with the capacity for healthy, satisfying, and mutually beneficial interpersonal

relationships, while psychopathology represents a failure in this capacity.

The interpersonal field is where all human energy is expressed and transformed. Sullivan conceptualized the infant's initial relationship with the primary caregiver, usually the mother, as the foundation upon which all subsequent relationships are built. This early dyadic relationship is crucial because it is the primary source through which **anxiety** is communicated. The mother's tension or anxiety is empathetically transferred to the infant, initiating the infant's need to develop mechanisms to reduce this uncomfortable tension. This process establishes a pattern: the individual spends their life attempting to maximize satisfaction (related to biological needs) and maximize security (related to the avoidance of anxiety). Security operations, which are the mechanisms employed to minimize anxiety, thus become central features of the personality structure.

Furthermore, the nature of these interpersonal contacts determines how the individual organizes their experiences into various modes of cognition. Sullivan identified three main modes: the **prototaxic mode**, characterized by primitive, isolated, and undifferentiated experiences typical of infancy; the **parataxic mode**, where two events are mistakenly perceived as causally related, often leading to illogical or superstitious beliefs; and the **syntactic mode**, the highest level of cognitive processing, characterized by shared, consensual validation and logical, verbal communication. The transition toward syntactic cognition is highly dependent on successful interpersonal learning and communication, especially the use of language acquired through social interaction. The success of therapy, in Sullivan's view, lies in helping the patient move away from parataxic distortions, which often plague troubled relationships, towards syntactic understanding of self and others.

Definition of Personality and Dynamisms

Sullivan rejected the notion of a fixed, biological personality structure, preferring instead to define **personality** as the relatively enduring pattern of recurrent interpersonal situations that characterize a human life. This definition emphasizes movement, change, and context rather than static traits. To describe the organized systems within this dynamic framework, Sullivan introduced the concept of **dynamisms**, which are the smallest units that can be studied in interpersonal relations. A dynamism is essentially a characteristic, recurrent behavior pattern that serves to satisfy a need or reduce tension.

Dynamisms can be categorized based on their function. They include specific patterns related to various parts of the body (such as the dynamism of the oral zone, related to feeding and sucking) or, more importantly, patterns related to enduring traits. Key dynamisms that shape the personality include:

The Dynamism of Lust: This is the pattern of energy transformation associated with purely sexual behavior, which emerges prominently during early adolescence. It is distinct from the dynamism of

intimacy, which involves deep emotional connection.

The Dynamism of Intimacy: This crucial dynamism represents the fundamental human need for close, reciprocal, and validating relationships. Sullivan believed that the capacity for intimacy is essential for mental health and is typically first developed through the non-sexual "chum" relationship of preadolescence.

The Malevolent Dynamism: This is a pattern of feeling or acting as if one lives among enemies. It develops when an individual's attempts to satisfy needs are consistently met with rejection or frustration, leading to a sense of living in a hostile world.

The most important dynamism, however, is the **Self-System**, which is an elaborate structure of behavior patterns developed specifically to avoid anxiety and maintain security. The self-system is not present at birth but begins to form when the infant first experiences anxiety transmitted by the caregiver. While protective, the self-system has a profound downside: it tends to resist change and limits the individual's awareness by employing security operations, thereby restricting the opportunities for new, growth-promoting interpersonal experiences that might contradict established patterns.

Energy Transformations and Tension

Sullivan conceptualized life as an energy system characterized by the presence and reduction of tension. He defined **tension** as a potentiality for action which may or may not be experienced in awareness. All human activity is driven by the necessity to reduce these tensions, which arise from two main sources: needs and anxiety. The energy transformations are the actual behaviors, feelings, and thoughts that are observable and employed to reduce tension.

The first source of tension is **Needs**, which are physiological requirements for survival and well-being, such as hunger, thirst, and sleep, categorized as general needs, or those associated with specific bodily zones, categorized as zonal needs. The tension of needs is generally episodic--it builds up until satisfied, after which the tension dissipates. The satisfaction of these needs is crucial in the early epochs because it forms the basis of the infant's sense of well-being and security. When a need is consistently satisfied through the assistance of the primary caregiver, the infant develops a positive sense of self and trust in the interpersonal environment.

The second, and psychoanalytically more critical, source of tension is **Anxiety**. Unlike needs, anxiety is a pervasive, non-specific tension that is exclusively interpersonal in origin. It is transmitted through empathy from the significant adult, primarily the mother, and acts as a powerful disruptive force. Anxiety, therefore, is the primary reason for the development of security operations and the self-system. Sullivan was careful to distinguish anxiety from fear: fear is a focused response to a specific threat, whereas anxiety is vague, diffuse, and profoundly painful,

threatening the stability of the self-system. The experience of anxiety signals disapproval from significant others, leading the individual to engage in behaviors designed to maintain approval and, consequently, internal security.

The interplay between needs and anxiety dictates personality development. When needs are satisfied without the intrusion of anxiety, the individual experiences **euphoria**, a state of complete absence of tension. However, when the pursuit of satisfaction is accompanied by anxiety, the individual must compromise, often sacrificing genuine needs to maintain security. This fundamental conflict explains why people frequently engage in behaviors that are ultimately unsatisfying but serve the immediate purpose of avoiding interpersonal disapproval and the attendant anxiety. The ultimate goal of life, in this view, is the movement toward a state of minimal tension, achieved through successful energy transformations that lead to both satisfaction and security.

The Concept of the Self-System

The **Self-System** is arguably the most important dynamism in Sullivan's theory, representing a major protective mechanism against the pervasive threat of anxiety. It is an organization of experience that develops early in life, specifically aimed at avoiding the painful experience of anxiety and maintaining self-esteem or personal security. The self-system acts like a censor, regulating what information is admitted to awareness and what is excluded. This censorship is achieved through **security operations**, which are behaviors and thought patterns designed to reduce anxiety.

The formation of the self-system is heavily reliant on reflected appraisals. If the primary caregivers show approval and tenderness, the infant begins to internalize the concept of the **Good-Me**, which encompasses behaviors that successfully elicited positive responses. Conversely, behaviors that elicit disapproval, withdrawal, or anxiety in the caregiver lead to the formation of the **Bad-Me**. The Bad-Me is associated with anxiety and represents the parts of the self that must be hidden or suppressed to maintain security within the interpersonal context.

There is a third, more profound category of experience: the **Not-Me**. The Not-Me refers to dissociated aspects of the self, experiences so intense, terrifying, or linked to overwhelming anxiety (such as severe trauma or sudden panic) that they cannot be integrated into the conscious self-system. These experiences are kept out of awareness through the powerful security operation of **dissociation**. The Not-Me often manifests in dreams, sudden irrational fears, or psychotic episodes. While the self-system's primary function is protective, its inherent conservatism means it resists any information that contradicts its established structure, even if that new information would lead to healthier behavior. This resistance is the primary obstacle encountered in psychotherapy, as the patient must be gently encouraged to examine and integrate previously rejected or dissociated parts of the self.

Epochs of Development: The Six Stages

Sullivan organized personality development not according to biological maturation, but by the changing nature of the individual's interpersonal needs and interactions. He outlined six distinct **Epochs of Development**, emphasizing that successful transition between these stages depends entirely on the satisfactory resolution of the key interpersonal tasks specific to that period. If these tasks are not mastered, the individual carries the maladaptive patterns into subsequent stages, complicating future relationships.

Infancy

Childhood

Juvenile Era

Preadolescence

Early Adolescence

Late Adolescence

The first epoch, **Infancy** (birth to the development of speech), is characterized by the prototaxic mode of experience. The primary interpersonal need is for tenderness, which is satisfied through the relationship with the mothering one. The crucial task is learning to differentiate between the various tensions and reducing anxiety through the initial development of the self-system. The concept of the **Good Mother** and **Bad Mother** personifications emerge, based on whether the feeding and caregiving experiences lead to satisfaction (euphoria) or anxiety.

The second epoch, **Childhood** (language acquisition to entrance into school), marks the shift toward the parataxic mode. The main need is for adult participation in activities and the negotiation of parental rules and expectations. The child learns to conform to social expectations to avoid anxiety, often employing **dramatizations** (pretending to be what they are not) and **preoccupation** (avoiding focusing on unpleasant topics). The development of the syntactic mode is initiated as the child begins to use language to communicate needs and receive consensual validation.

The **Juvenile Era** (school entrance to preadolescence) requires the child to expand their social world beyond the family unit. The crucial interpersonal need shifts toward forming relationships with peers of equal status. The child must learn competition, compromise, and cooperation. Failure in this era often results in social isolation or the development of a chronic sense of inferiority, perpetuating security operations aimed at protecting the self-esteem in group settings.

Preadolescence (about 8.5 to 13 years) is considered by Sullivan to be the most crucial epoch for social development. The central need is for **intimacy**--a close, non-sexual relationship with a same-sex peer, or "chum." This chum relationship serves as the first genuine experience of reciprocal validation, where the individual feels truly accepted and valued for who they are. The chum relationship breaks down the egocentric nature of earlier stages and provides the essential

training ground for adult love and friendship. A failure to develop intimacy during this period severely handicaps the individual's capacity for mature relationships later.

Early Adolescence (puberty to the establishment of the lust dynamism) sees the emergence of sexual interest (lust) alongside the need for intimacy. The individual must integrate these two distinct needs, which often target different people. This stage is marked by confusion and increasing tension as the adolescent attempts to balance the need for sexual expression with the established need for non-sexual, validating intimacy. The parataxic distortions are often rampant during this era as the adolescent struggles to understand the complex new feelings associated with lust.

Finally, **Late Adolescence** (establishment of stable patterns to adulthood) is the period during which the individual achieves a mature identity and establishes stable patterns of interpersonal conduct, moving toward the syntactic mode in relationships. The task is to establish a pattern of conduct that satisfies both lust and intimacy needs with a single, respected individual. Successful passage through this epoch culminates in the individual becoming a fully functioning member of society who can form reciprocal, mature, and satisfying interpersonal relationships, thereby achieving the highest level of mental health.

Personifications and Their Influence

Personifications are the images, conceptions, or attitudes that an individual holds about themselves or others. These are not accurate representations of reality but rather highly subjective, sometimes distorted, composites built from past interpersonal experiences. They act as schemas that dictate how an individual anticipates and responds to new interactions. Sullivan stressed that personifications can be shared among groups, becoming cultural stereotypes, or they can be entirely idiosyncratic.

The earliest and most impactful personifications are those related to the primary caregiver and the self. The infant develops the personifications of the **Good Mother** (the caregiver associated with tender, anxiety-free satisfaction) and the **Bad Mother** (the caregiver associated with anxiety and frustration). These early images are crucial because they form the template for how the individual views others in terms of trustworthiness and warmth. Similarly, the self is personified into the Good-Me, Bad-Me, and Not-Me, as previously discussed, based on reflected appraisals.

Personifications derived from parataxic distortions are particularly problematic. In the parataxic mode, the individual assumes a causal link between two events that are merely co-occurring, leading to rigid and often inaccurate personifications of others. For instance, if a child experiences a caregiver's anxiety whenever they express curiosity, the child might develop the personification that "Curiosity is dangerous" or "All authority figures are punitive," leading to avoidance behaviors in future educational or professional settings. Therapy aims to expose these parataxic assumptions

and replace them with syntactic, consensually validated understandings of reality.

The Role of Anxiety and Security Operations

Anxiety serves as the single most powerful motivating force in Sullivan's theory, driving the entire development of the self-system and the deployment of **security operations**. Security operations are the behaviors, thoughts, and attitudes that individuals use to maintain interpersonal security and avoid the dreaded experience of anxiety. While these operations are necessary for survival in infancy, their habitual and rigid use in adulthood constitutes psychopathology because they actively inhibit growth and genuine intimacy.

Examples of common security operations include:

Selective Inattention: This is the most common security operation, involving the refusal to notice or attend to information that might provoke anxiety or contradict the established self-system. For example, ignoring a friend's subtle signs of distress to avoid confronting the issue within the relationship.

Dissociation: This operation involves actively pushing highly threatening experiences, such as trauma or extreme terror, completely out of awareness and into the Not-Me. Dissociated content is unavailable to consciousness and may manifest in symbolic or highly fragmented forms.

Apathy: A general lack of feeling or concern, often used as a defense mechanism to avoid experiencing the anxiety associated with interpersonal conflict or disappointment.

The more the self-system is threatened, the more rigidly these security operations are employed, leading to a constricted and impoverished personality. The individual becomes highly predictable in their efforts to maintain security, often at the expense of satisfaction. Sullivan noted that severe mental illness, particularly schizophrenia, can be understood as a profound failure of the self-system to cope with overwhelming anxiety, resulting in massive dissociation and the manifestation of previously hidden "Not-Me" content in the form of hallucinations or delusions.

Therapeutic Implications: The Participant Observer

Sullivan's view of psychotherapy radically departed from traditional psychoanalysis. He rejected the image of the detached, passive analyst and instead insisted that therapy is fundamentally an interpersonal situation. The therapist, therefore, must function as a **participant observer**, meaning the therapist is an active participant in the interaction who inevitably influences the patient, and whose observations are necessarily subjective and part of the field being studied. The therapist's role is to enter the patient's interpersonal world and observe, firsthand, the patient's characteristic security operations and parataxic distortions as they are enacted in the therapeutic relationship.

itself.

The primary goal of therapy is not merely to uncover repressed material but to help the patient achieve **consensual validation**. This involves helping the patient recognize and correct the parataxic distortions that plague their relationships and restrict their capacity for intimacy. By providing a safe, syntactic environment--one based on accurate communication and honest feedback--the therapist helps the patient dismantle the rigid barriers of the self-system.

The therapeutic relationship becomes a corrective emotional experience. As the patient attempts to apply their typical maladaptive dynamisms (such as hostility or dependency) to the therapist, the therapist responds in a way that is different from the patient's expectations, thereby challenging the patient's long-held personifications of others. Through this process, the patient begins to expand their self-system, integrate previously dissociated aspects of the Not-Me, and ultimately develop the capacity for genuine, mature intimacy--the hallmark of psychological health in Sullivan's comprehensive interpersonal theory.

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