

# Revisiting Sullivan's Self-System: Implications for the Development of Self-Esteem in Individuals with Psychotic Disorders<sup>1</sup>

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## SYNOPSIS

Recent studies have suggested that love and positive self-regard may serve a powerful protective role against adversity, and may aid in the process of recovery from serious mental illnesses. These studies provide confirmation of a position initially staked out by Harry Stack Sullivan in his work with individuals with psychotic disorders nearly a century ago. This paper reprises Sullivan's understanding of the roles of self-esteem, positive self-regard, love, and anxiety in the lives of such individuals, bringing our attention to an important, yet often neglected, dimension to current understandings of recovery.

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Recently, we have investigated the importance of self-esteem in the lives of individuals with psychotic disorders. Previous studies, as well as the growing mental health recovery movement, demonstrate that persons with severe mental illnesses can live happy, productive, and fulfilling lives in spite of having a devastating illness. These studies also suggest that love and positive self-regard may serve a powerful protective role against adversity and may aid in the process of recovery. In the present paper, we investigate the roles of self-esteem, positive self-regard, love, and anxiety in the lives, and recovery, of individuals with psychotic disorders from the perspective of Harry

Stack Sullivan's Interpersonal Theory.

Despite the fact that the bulk of his work with persons with schizophrenia occurred in the 1920s, we remain convinced that few people have understood the lives, and, in particular, the social needs, of such persons better, or more deeply, than Sullivan. The fact that Sullivan was reported to have had his own psychotic episodes during his youth may offer one explanation for his heightened sensitivity to the inner worlds of people whom others had written off as inaccessible or irretrievably alien. Other contributors to his interpersonal theory of psychosis may have been his broad interests in the social sciences of his

day (e.g. anthropology), which translated into a genuine acceptance of and curiosity about differences between people, and the latitude that he had in working with people intensively over time (a latitude that is seldom possible today).

It is our hope that re-visiting Sullivan's concept of 'the developing self', and applying it to individuals with psychosis, will give those readers new to Sullivan's work an appreciation for the light his theoretical framework sheds on the everyday life of such persons as the context in which recovery happens. Many in our field view Sullivan's contributions as interesting solely from a historical point of view and as having outlived their utility in the contemporary care of persons with psychotic disorders. In this paper, we put forth an alternative perspective, in which Sullivan's sensitivity to, and keen appreciation of, the importance of the everyday offers a much-needed counter-balance to the biological reductionism that pervades much of current practice with this population.

## Harry Stack Sullivan

Harry Stack Sullivan was one of the first Americans to construct a comprehensive personality theory whose basic premise suggested that the core of a person's personality is developed through his or her intimate interpersonal relationships (Sullivan, 1962). He shared this view with Freud's student, Ferenczi, and with his American contemporaries William Alanson White and Karen Horney. Sullivan stands out from this group of neo-Freudians, though, by virtue of his interest in the lives of persons with the most severe psychiatric disorders, persons with schizophrenia. Most neo-Freudians were not interested in persons with schizophrenia, especially from the perspective of personality theory, as they were assumed to be fixated at a pre-oedipal level, thereby not developing enough to have a personality as an adult. Sullivan, on the contrary, continued to believe that persons with schizophrenia did indeed have their own personalities, despite their serious psychopathology, and that their personalities continued to be shaped through interpersonal interactions, even during their illness and throughout their recovery. It would appear that Sullivan's view, while perhaps ahead of its time, has proven to be consistent with current views of persons with schizophrenia which see them as remaining first and foremost persons existing alongside of, or perhaps underneath or behind, their illness (Davidson, 2003). It is for this reason that we still find Sullivan's work to be relevant to contemporary theory and practice.

## Interpersonal Theory and Self-Esteem

According to Sullivan, personality development occurs within an interpersonal field. Even the most severe forms of psychopathology, such as schizophrenia, can be understood as being a result of the person's early social experiences (Sullivan, 1954). Although such disorders may also contain an underlying neurobiological component, it is the relationships that the person develops, to and with his or her social world, that are of central importance. The structure of the individual's personality is developed as a function of his or her interactions with others, and it is in this interface that a basic sense of self, the bedrock of the person's personality, is established.

Perhaps in contrast to prevailing assumptions, for Sullivan it is not the disorder that causes the person's interpersonal difficulties, but rather the person's interpersonal difficulties become indicators of what we then describe as a disorder. These difficulties are grounded, in part, in how the person views him- or herself in relation to the others with whom he or she interacts. This developing sense of self is not a single entity tucked away at a safe distance from the person's social environment, but is enmeshed and interwoven within the complex social structures which make up his or her life from a very early age. We each only become a 'self', come to view ourselves as distinct persons, as a function of being viewed and treated as such by the important people in our lives. There is no self separate from this nexus of relationships.

Of particular importance to Sullivan within this context were an infant's experiences of others and the ways in which these experiences either did or did not help the infant tolerate his or her anxiety in the face of being helpless and dependent. Out of these experiences emerges what Sullivan came to refer to as the 'self-system'; a term he chose to reflect the fact that the self is not a given that pre-exists in the child, but is rather the product of a series of relationships and interactions with others, a node in a larger nexus made up of other selves as well. He suggested that an important component of this self-system involved the infant's efforts to begin to understand, and anticipate, how certain behaviors elicit certain responses, and whether those responses will or will not make him or her feel good (i.e. less anxiety) or feel bad (i.e. more anxiety). It is during the development of this component of the self-system when the infant learns that his or her behavior impacts others and thereby results in either positive or negative emotions. As might be expected, of especial importance in this process is the central role of the mother, or of any person who might act as the infant's primary caretaker.

In addition to instrumental support in meeting the infant's basic, material needs (for food, shelter, etc.), a major function of the primary caretaker is to protect the infant and meet his or her emotional needs for security and predictability in interpersonal interactions. This form of routine and continuity enables the infant to tolerate and cope successfully with the stress of separation and vulnerability (Schore, 1994, 1997, 2000). In this way, the healthy development of a functioning self-system is attained and maintained through positive, supportive interpersonal exchanges. The infant's initial emotionally charged and highly dependent relationships can result in an effective and enduring sense of self if they aid in the reduction of his or her anxiety through the provision of a comforting and reassuring environment, which creates a form of emotional imprinting.

According to Schore (2001), it is this initial relationship with the mother (or other primary caretaker) that then operates as an emotional mold for all future relationships. If the infant's initial exposure to the interpersonal sphere is permeated with love and a sense of security, these experiences will allow the infant to enter into other relationships both with a secure sense of self and a sense that the world is primarily a place of love. While horrors may still exist in this world, the infant is able to approach them from a position of strength, secure in the conviction that respite is still available and accessible. In this paper, we suggest that such a sense of security and strength may play a protective role later in life for individuals who develop psychotic disorders, as these initial experiences create an enduring repository of comforting and reassuring feelings for the person to fall back on. Having such a repository may also enable the person to be more open and receptive to those who seek to show him or her genuine care, love, compassion, and concern over the course of his or her illness, and lead the person to feel more welcome and accepted when he or she is ready to make his or her way back into the community (whether from the hospital or from the recesses of the illness). Simply stated, knowing that one is loved makes surviving and overcoming life's adversities a somewhat easier, or at least less formidable, task. When this foundation is in place, it becomes easier for practitioners to engage and help persons with psychotic disorders into care and to help them feel confident in their efforts to re-integrate into their community.

### **Good Me, Bad Me, and Not Me**

In articulating this theory, Sullivan frequently uses the word 'tenderness' to characterize the primary

caretaker's positive emotional stance toward the infant (Sullivan, 1956). Once this foundation is securely in place, components of the self-system can develop that Sullivan then differentiated into the 'good me,' 'bad me,' and 'not me' (Sullivan, 1956). Through the development of these complementary components, the self-system initially established through tenderness is further shaped by approval and disapproval, and by rejecting those aspects of the child's experiences that are too threatening to be internalized as part of the self (i.e. the 'not me').


As the child is driven to please his or her primary caretaker, behavior or aspects of the self that generate positive responses from others are incorporated into the 'good me'. Social skills are honed through the child's ability to positively and successfully relate to the caretaker, continuing to elicit tenderness and positive outcomes. Behaviors that lead to displeasure or punishment by others, on the other hand, are folded into the 'bad me' (Sullivan, 1953: 162). The 'bad me' encompasses a good deal of the child's anxiety, which is exacerbated by anxiety or disapproval in the caretaker, replacing tenderness with distance. When this becomes a predominant element in the child's experience, he or she may become aloof as well, in part as a protective buffer against further disapproval. A detached child then loses out on opportunities to enhance his or her 'good me,' contributing to the development of an impoverished overall sense of self. To the degree to which a vulnerability to psychosis may be inherited genetically, there may also be an aloofness on the part of the primary caretaker, further interacting with the child's detachment. On the other hand, love and tenderness expressed by a primary caretaker during infancy, regardless of any innate personality characteristics in the infant, may act as a protective factor by helping the individual to develop an enduring sense of self that would later help him or her to cope or manage aspects of the illness.

The combination of the 'good me,' the 'bad me,' and the 'not me' yields an integrated whole that enables a child to begin to understand how to use and apply interpersonal strategies, not only to achieve the goal of feeling contentment through tenderness but also through the avoidance of anxiety. In this way, the self-system is created through the interactions between the child and his or her social environment, with the intent of supporting the child in developing useful, socially adaptive cognitive-affective schemas. Once the child is able to grasp reliable and consistent connections between his or her behavior and the responses he or she receives from others, these experiences can be used as a framework within which

to understand social norms and interactions and their potential consequences, and to use this understanding as a guide for one's behavior.

According to this theory, the development of the very idea of being or having a self occurs prior to, and provides the basis for, acculturation into a particular society or subgroup. Prior to language, for example, the child is exquisitely sensitive and responsive to sources of anxiety as well as to circumstances under which anxiety is felt to dissipate. Without the basic mechanics of a healthy and balanced self-system, the child will be significantly disadvantaged throughout the acculturation process, and will find even potential sources of pleasure and thriving to be sources of anxiety as well. The rich tapestry of self-esteem that would ordinarily be woven by experiences of success, mastery, and feelings of being loved and cared for would be riddled with holes, making it difficult for any positive sense of self to develop or flourish.

## Discussion

In this paper, we suggested that Sullivan's theory of the developing sense of self can be utilized as a framework for understanding the roles of self-esteem and love in the lives of persons with psychotic disorders. Early exposure to a loving environment in which tenderness is effective in minimizing the infant's anxiety may set the foundation for a positive outlook even when the individual encounters experiences that are psychologically detrimental. Positive experiences during infancy imprinted on to the infant can be utilized later not only to ensure survival but also as a comforting repository of positive experiences associated with the dissipation of anxiety. Because a positive sense of self reflects positive social encounters and interpersonal experiences, it may be the case that even after a psychotic episode, the individual is able to recall that which made him or her feel secure and reassured prior to the onset of the disorder. With access to this repository, the person would be more likely to welcome the opportunity to re-integrate into his or her community rather than choosing to remain socially isolated. Without access to such a repository, on the other hand, the person may find little about the community, or about the re-integration process, to be appealing. 



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## Note

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