ANXIETY AND MOTIVATION

Sullivan’s study of interpersonal processes increasingly focused on anxiety as the crucial factor determining the way the individual shapes his experience and his interaction with others.

While other features, such as dramatic and disturbing symptoms, can seem more prominent, Sullivan came to feel that they often are distractions from, and techniques for the management of, underlying points of anxiety. Oscar, a man in his mid-thirties, sought treatment because of a chronic dread that he might be gay, which had tortured him since his mid-adolescence. He had been in psychotherapy before and had seen several other symptoms and problems improve, but his agonizing doubts about his sexual orientation had remained. He had a great many relevant notions about his sexuality, his fears of intimacy, and his family dynamics, but they did little to dispel his concerns.

The interpersonal analyst became interested in the last time these thoughts had arisen. Oscar had spent the previous weekend with an old girlfriend. The first night, they had made passionate love; the next morning, he approached her sexually again and she declined. “How about a blow job then?” was his response, and she became angry. He explained that oral sex had long-standing political dimensions between the two of them. She considered his request a demand for submission. He felt his support of feminism and her interests in general were above reproach and sex should be something free and open between them, without concerns of political correctness. He became depressed at the rapid resurgence of their old sexual/political struggle and withdrew. He found himself wondering about a man he had seen the day before at the office. If he were in a sexual situation with this man, would he get aroused? He pictured the man naked and felt a mild degree of excitement. That alarmed him in the now familiar way, and he became caught up in a tense, ruminative preoccupation about whether he was gay and whether he would ever be happy in an intimate relationship with a woman.

From an interpersonal point of view, what is important about this sequence of events is not the sexual content per se, but the way mental content (sexual and otherwise) is moved around in the service of managing anxiety. Upon inquiry, the analyst and Oscar learned that he had felt both elated and anxious following the previous evening’s sexual encounter. Things going well with this woman frightened and confused him. What would happen? Would this mean a commitment he felt ill-prepared to make? In reflecting on his request the next morning for oral sex, it became clear to Oscar that there was an absolute certainty his girlfriend would be antagonized and that their characteristic political debate would follow. The
purpose of his request seemed not to draw them closer or obtain sex; the purpose of the request was to create distance. He had been anxious about their intimacy; he was seeking the familiar ground of their distancing conflict. Similarly, he knew that he was capable of being excited by both women and men, and that if he evoked the image of the man and imagined a sexual situation, he would feel a mild degree of arousal. He knew further that that arousal would serve as the basis for self-torture and the by now comfortable confusion he lived in most of the time. The sense of power and success he had felt after the sexual intimacy with his girlfriend had frightened him. His provocative request the following morning helped him rid himself of the anxiety connected to intimacy and potency, and the homosexual reverie further established him securely (even if also anxiously) as unmanly and deferential. Rather than being the causal motivating factor, sexuality seemed rather a means for managing anxiety about closeness and distance, novelty and familiarity.

How do anxiety and its management come to play such a central role in psychopathology? Sullivan introduced a developmental theory in which anxiety is the key pathological factor in shaping the self and regulating interactions with others.

Sullivan portrayed the newborn as oscillating between a state of more or less complete comfort and a state of tension in which needs of various sorts are demanding attention. Most of the tensions that arise for the newborn are not problematic, as long as a reasonably responsive caregiver is present. The baby’s needs are matched by complementary responses in the caregiver. The expression of physical needs for food, warmth, absence of irritation; emotional needs for safety and tenderness; intellectual needs for play and stimulation—all these tend to call out a satisfying reciprocal response in the caregiver, thereby reducing the tension.

Sullivan called these needs integrating tendencies because their essential nature is to draw people together in mutually satisfying ways. The nursing interaction between baby and mother is the most vivid example of the complementarity of integrating tendencies. 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.

These needs for satisfaction generate reciprocity with others not just for the newborn but all throughout life, Sullivan believed; various needs in adults tend to evoke complementary needs in other adults. Given a reasonable amount of patience, flexibility, and tact, various emotional, physical, sexual, and intellectual needs can generate mutually satisfying integrations with others.
In contrast to Freud, Sullivan envisioned human needs as unproblematic in themselves. We are not born with asocial, bestial 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.

But if needs for satisfaction operate so smoothly as integrating tendencies, why then are human interactions so filled with dissatisfactions, conflicts, clashes? As Sullivan saw it, the fly in the ointment of nearly all human endeavors is anxiety. Needs for satisfaction arise spontaneously within the baby, but anxiety is something visited upon the baby from the outside.

Sullivan distinguished between fear and anxiety. If a loud noise occurs, if hunger is unaddressed, if tensions of any sort increase, the baby becomes afraid. Fear actually operates as an integrating tendency; as it is expressed in crying and agitation, it draws the caregiver into an interaction that will soothe the baby and address the problem. Anxiety, in contrast, has no focus and does not arise from increasing tension in the baby herself. Anxiety is picked up from other people.

Feeling states are contagious. Someone who is jittery tends to make other people jittery; someone who is sexy tends to evoke sexual feelings in others, and so on. Babies are particularly sensitive to other people's feeling states, Sullivan believed. Their own state is greatly affected by the emotional tone of the people around them. Sullivan termed this contagious spread of mood from caregivers to babies the empathic linkage.

If the caregiver is relaxed and comfortable, the baby oscillates gently between a euphoric ease and states of tension generated by arising needs, which are more or less smoothly responded to. But what if the caregiver is anxious?

Sullivan believed that anxiety in the caregiver is picked up by the baby and experienced as a formless tension with no focus, no apparent cause. Unlike needs for satisfaction, the tension of anxiety does not serve as an integrating tendency, cannot serve as an integrating tendency, because the potential rescuer from the tension of anxiety is the very person who has caused it in the first place.

Consider a devoted caregiver who is worried about something altogether unrelated to the baby. The baby picks up the anxiety and experiences it as a tension, demanding relief. He cries, in the same way he responds to tensions created by various needs for satisfaction. The caregiver moves toward the baby, concerned and hoping to comfort him. But as she moves closer in her effort to soothe, the caregiver also brings her own anxiety closer to the baby. Most likely she is even more anxious now, precisely because of the
baby's distress. The closer she gets, the more anxious the baby becomes. Unless the caregiver can find a way to pull both herself and the baby out of their anxious state, the baby experiences a snowballing tension with no possible relief.\(^1\)

In Sullivan's vision, anxiety becomes a nightmarish condition for the infant that has a profound impact on early experience. Not only is anxiety stressful, frightening, and inescapable in itself, it also operates as a disintegrating tendency with respect to all the infant's needs for satisfaction. When the infant is anxious, she is unable to feed, to cuddle, to sleep. Anxiety in adults likewise interferes with thinking, communicating, learning, sexual performance, emotional intimacy, and so on. Anxiety, for Sullivan, is the monkey wrench in a complexly evolved, otherwise harmonious system of interpersonal and social mutual regulation.

Because anxiety is so strikingly different from other states, Sullivan believed, the first basic differentiation in the infant's experience is not between light and dark, or between mother and father, but between anxious states and nonanxious states. Because it is the caregiver who generates the anxiety in the child, Sullivan terms this first distinction “good mother” (nonanxious) states vs. “bad mother” (anxious) states. Experiences with various caregivers (not just the biological mother) when they are anxious are all joined together into the child's experience of “bad mother”; experiences with various caregivers when they are not anxious (and therefore able to respond effectively to needs for satisfaction) are all joined together into the child's experience of “good mother.” The fact that these are actually different people is irrelevant to the infant, for whom the only important distinction is between anxious and nonanxious. Similarly, the fact that each of these people is sometimes anxious and sometimes not anxious is irrelevant; the difference in their impact on the child in these two states is so dramatic that they are, as far as the child is concerned, two different people.

Sullivan assumed that the infant originally experiences his states of mind passively; whether “good mother” or “bad mother” reigns, with their enormously different impact on him, is beyond his control. Little by little, however, the infant gains control over his fate. He begins to learn that he can predict whether it is “good mother” or “bad mother” who is approaching. Facial expression, postural tension, vocal intonation become reliable predictors of whether the baby will find himself in the hands of someone who calmly responds to his needs, or at the mercy of someone who draws him into a maelstrom of unrecoverable stress.

A second crucial step comes with the child's discovery that whether “good mother” or “bad mother” appears has something to do with him. He arrives at the startling realization that some of his own activities and
gestures make his caregivers anxious, while some of his activities and gestures have a calming effect and elicit approval. Of course, putting a slowly evolving process into language like this is very misleading. Sullivan envisioned a gradual building-up of connections.

Some of the child's activities (e.g., touching the genitals or fussing) may make a particular caregiver anxious; that anxiety is communicated to the baby, who then begins to connect touching the genitals or fussing with an anxious state of mind. Some of the child's activities (e.g., resting quietly) may make a particular caregiver relax and generate approval; that approval is likewise communicated to the baby, who then begins to connect resting quietly with a peaceful, approved-of state of mind. In this way, Sullivan speculated, different areas of the child's experience take on different valences. The activities of the child that tend to generate approval (and therefore, through the empathic linkage, a relaxed state in the child) are organized together under a generally positive valence ("good me"). The activities of the child that tend to generate anxiety (and therefore an anxious state in the child) are organized together under a generally negative valence ("bad me").

Activities of the child that provoke intense anxiety in the caregivers (and therefore, through the empathic linkage, intense anxiety in the child) are of a different order. Sullivan believed that intense anxiety is extremely disruptive and generates points of amnesia for the experience immediately preceding it. Thus activities that regularly provoke intense anxiety in the particular surrounding adults are not experienced as versions of the child at all—they become "not me," dissociated states which are not organized into any form that the child, and later the adult, recognizes as himself.

The Self-System

The final and crucial step in the child's assumption of some degree of control over his own experience comes with the realization that he can shape his own activities in a direction which will make it more likely that "good mother" will appear and less likely that "bad mother" will appear. A more active set of processes (the self-system) develops, allowing access to awareness largely to "good me" and excluding "not me" altogether. The self-system steers activities away from gestures and behaviors associated with rising anxiety in the child's caregivers (and therefore also in himself) and toward gestures and behaviors associated with decreasing anxiety in his caregivers (and therefore also in himself).

Gradually and incrementally, but inevitably, the self-system shapes the child to fit into the niche supplied by the personalities of his significant others. The myriad potentialities of the child become slowly and inexorably
honed down, as he becomes the son of this particular mother, the son of this particular father. The outline of the child’s personality is sharply etched by the acid of the parents’ anxiety.

Sullivan regarded the self-system as conservative but not fixed: As the child develops, the self-system selectively steers experience in the direction of the familiar, the known. Because anxiety in infancy is so nightmarish in its impact, we all become frightened of, phobic about, anxiety itself. If there has been a great deal of anxiety in the first years of life and the self-system has developed rigid controls, genuinely new experience is virtually precluded.

Nevertheless, Sullivan felt, the major developmental epochs of childhood and early adulthood are precipitated by the emergence of a powerful need for a new form of relatedness with others (a new need for satisfaction): the need for peer relations at four or five, replacing the more or less exclusive involvement with adults; the need for a single close friend, the “chum” in preadolescence; and the need for sexual satisfaction and emotional intimacy in adolescence. Each time a new need emerges, the constraints of the self-system are loosened, making possible a new, healthier integration. Old anxieties may be overridden by the force of the new pull toward interpersonal integration on a higher level.

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 anti-anxiety processes needs for security to distinguish them from needs for satisfaction.) When anxiety is not a threat, the self-system fades into the background; needs for satisfaction emerge and operate as integrating tendencies, drawing the individual into mutually satisfying interactions with others. When anxiety is looming, the self-system dominates: controlling access to awareness, producing interactions that have been successful in minimizing anxiety in the past, selectively shaping the individual’s impressions both of herself and of others she is dealing with.

Like Freud, Sullivan envisioned human experience as playing itself out in a tension between pleasure (Sullivan’s “satisfactions”) and the defensive regulation of wishes for pleasure (Sullivan’s “security”). Yet there are several very basic differences between traditional Freudian theory and Sullivan’s interpersonal approach to motivation, early development, and psychic structure:

Whereas Freud regarded sexuality and aggression as inherently asocial and inevitably conflictual, Sullivan believed that particular areas of experience become conflictual only if they tend to arouse anxiety in significant
caretaking others. What is conflictual in one family may work very smoothly to generate mutual satisfaction in another. The source of difficulties is not in the inherent nature of the impulses themselves, but in the response of the human environment.

Whereas Freud regarded the intensity of conflict largely as a property of the impetus behind the drives (the amount of libido or aggression one is born with), Sullivan suggested that levels of anxiety in an individual are a direct product of levels of anxiety in their early environment. The more anxious the caretakers, the more areas of experience become tinged with anxiety for the child (there is more “bad me” and “not me”).

Although there is a marked difference in terminology and sensibility between Sullivan’s work and the tradition of Freudian ego psychology, there is some interesting overlap in the ways these two traditions approached theorizing about mind and development. The ego psychologists, like Sullivan, broadened the framework of analytic concern beyond Freud’s focus on the individual mind and its intrapsychic interior to the interactions between the individual and the environment. The ego psychologists, like Sullivan, regarded the vicissitudes of early caretaking and the relative health or character pathology of the caretakers as crucial to the development of the child. However, the ego psychologists, as we noted in chapter 2, built their concepts alongside of or in conjunction with Freud’s drive theory. They viewed mind as built up from two interpenetrating constituents: constitutional drives and an ego shaped through interaction. Sullivan, on the other hand, envisioned mind as thoroughly social. There may be constitutional differences, but the psychological valences and meanings they accrue are all derived from the way significant others respond to them.

Security Operations and the Point of Anxiety

Sullivan used the term suave to describe the processes of a well-functioning self-system. Each of us moves through life exquisitely sensitive to rising anxiety, developing complex, extremely rapid, covert security operations to steer us from points of anxiety back onto familiar footing. One of the central techniques of the interpersonal psychoanalyst is to increase awareness of the operations of the self-system by asking questions and encouraging self-reflection, so that crucial, rapid sequences can be observed, understood, and, through understanding, gradually altered.

The use of detailed inquiry marks a stark contrast between Sullivan’s clinical methodology and that of Freudian psychoanalysis. In the strictest applications of the classical method, the analyst does not ask questions, and within the logic of the classical model, this is as it should be. The patient’s conflicts emerge within free associations, and free associations need to be
uninfluenced by any direction supplied by the analyst. The nondirectedness of the classical method is the central safeguard of the patient’s autonomy and guarantees that the deepest levels of the patient’s conflicts are being accessed. The analyst’s function is to interpret the underlying dynamics embedded in the patient’s free associations, to reveal the latent thoughts hidden therein. Of course, interpretations themselves might be viewed as directives, having an impact on subsequent associations, but it is a clear, intentional and deepening impact, sparse and off-set by long silences, that is clear and intentional. Asking questions gums up and muddies the clarity of the emerging associations without making clearly identifiable interpretive statements.

Sullivan saw the clinical situation very differently, and this difference reflects important contrasts in understanding the human mind and, particularly, language. In Sullivan’s view, each of us uses language in a largely idiosyncratic fashion. 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. For the analyst to assume she knows what the patient means by the words he is using and to make interpretations based on that assumed understanding is, for Sullivan, to greatly compound confusion and lose any hope of meaningful insight. The only way for the analyst to know what the patient is really talking about is to ask detailed questions. Further, the only way for the analyst to get the relevant information about the situations the patient is describing is to direct the inquiry, at least part of the time. Because of the smoothness through which the self-system steers the person away from the threat of anxiety, a patient can systematically ignore the very details and features of his experience that might be most relevant.

This inattention is clearly evident in Fred, who sought psychoanalysis because he was deeply discontented with his wife; she didn’t seem to understand him, and they fought continually. He thought of her fondly during the day, and would go home from work each evening determined to make his marriage better. Yet despite their best efforts, they would fall into their customary sniping at each other, and Fred soon became discouraged.

The interpersonal analyst would be very interested in the details of what takes place between Fred and his wife. When did the fighting start last night? What does he mean when he speaks of his fondness for her? His discontent? When did Fred notice the change in his attitude toward his wife?
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.

What happened when he first got home on a particular evening? What sort of mood was he in? How did his wife respond? Who said what to whom? It may take many weeks of detailed inquiry for Fred to become an effective enough observer to be able to pinpoint the crucial moments in their interactions. On the evening in question, Fred and his wife both began with what seemed to be an enthusiasm for each other. 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 disdain. She backed off and found something critical to say about his family. They were now on familiar ground, settling comfortably into what Sullivan called a hostile integration.

How and why did this shift take place? If one could videotape such an interaction, the camera might pick up a flicker of vulnerability in Fred’s facial expression when his wife responded tenderly to his approach to her, right before he found an opportunity to criticize her. That flicker of vulnerability is a point of anxiety, which, Sullivan suggested, always precedes security operations. Of course, videotapes of family interactions are generally not available to the interpersonal psychoanalyst, so she relies both on the detailed inquiry into outside events and her own experiences in interacting with the patient. The latter (countertransference) would become increasingly important in the interpersonal tradition, as we shall see.

Fred came from a family in which everyone sniped at everyone else from a position of suspicious isolation. He was very comfortable with simmering low-grade hostility. He spent his childhood and adolescence longing for someone he would not fight with, who would understand and accept him. He had many girlfriends, all of whom eventually disappointed him. The early relationship with his wife seemed more promising, but their initial intimacies soon deteriorated into the chronic bickering that drove him into treatment. Moments of tenderness between Fred and his wife make him feel anxious, vulnerable, unprotected. Feelings of tenderness in his original family had been systematically crushed. He had learned to transform any tender impulse (a need for satisfaction) rapidly and unwittingly into a posture of critical superiority, a position from which he felt quite secure and no longer vulnerable.

The interpersonal analyst uses detailed inquiry to slow down and stretch
out time. Fred began treatment knowing only that despite his best intentions, he always found himself at odds with his wife. He became aware, little by little, of the way he himself used his critical superiority to push his wife away. He became sensitive to the gradations of his emotional state; his excitement; the way that excitement would turn into an anxious vulnerability; his feeling of security when he arranged things so that he could once again feel comfortably discouraged. The greater awareness of his own security operations made more constructive choices possible.

Sullivan viewed security operations as purchasing a short-term reduction in anxiety at the price of a long-term maintenance of the anxiety-causing situation. Security operations always work. As soon as Fred begins to think his wife is defective, he becomes less anxious; yet in the long run he is stuck with this defective woman. It is their immediate effectiveness that makes security operations so tenacious, amenable to change only through a great deal of hard analytic work. The effectiveness of security operations draws on the same principle as the old joke about the man who snaps his fingers to keep the tigers away. “But there aren’t any tigers around here,” his companion points out. “See how well it works,” answers the omnipotent fingersnapper. Security operations are the self-system’s anxiety-reducing maneuvers for warding off anticipated threats, overgeneralized from earlier interpersonal situations.

The more the patient understands about the workings of the self-system in its efforts to avoid anxiety, the more easily that patient can make different choices, Sullivan believed. The kind of change Sullivan regarded as the goal of treatment has something in common with insight, as Freud understood it. But change for Sullivan was not just conceptual, it was largely perceptual (Bromberg, 1980, 1989), as awareness of both internal processes and also sequences of interpersonal actual events expands. Fred became aware of the case with which he bailed out of points of intimacy and therefore vulnerability with his wife. To stay in the situation would make him more anxious in the short run but enhanced the chances for resolving his chronic marital unhappiness in the long run. The magic of the finger-snapping (disparagement of his wife), although extremely tempting, came to be understood as a distraction that removed him from the underlying causes of his doubts and unhappiness.