Harry Stack Sullivan (1892–1949), the founder of the interpersonal theory of mental illness, was born in Norwich, Upstate New York, the son of the only Catholic, Irish American family in the village. Although the modest farm that his family owned in this rural, economically struggling community may not have been the best environment for an introverted, alert, and bookish boy, Sullivan had several supportive figures in his youthful years, including a teenage boy with whom he established an unusually close emotional bond. This may have contributed to the significance that Sullivan would place on same-sex friends, or “chums” in his term, in his theory of interpersonal relationship, which he developed later in his life.

On a scholarship to attend Cornell University, Sullivan as a college freshman in 1909 seemed to be an intellectually promising, if socially awkward, young man. Soon, however, Sullivan found himself involved in difficulties that contributed to his mental instability, which resulted in his suspension from the school. The nature of the trouble is unclear, but it was serious enough for him to decide not to go back to Cornell. Two years later, he began pursuing a degree in a medical school in Chicago, associated with Valparaiso University, Indiana. After stints as an industrial physician and a surgeon in the U.S. Army, Sullivan went as a liaison officer to St. Elizabeth Hospital in Washington, D.C., in 1921, and then, the following year, to Sheppard and Enoch Pratt Hospital (also referred to as Sheppard-Pratt) in Towson, Maryland, where he became familiar with mentally ill patients for the first time in his medical career.

It was at Sheppard-Pratt that Sullivan's talent as a psychiatrist blossomed. In particular, his ability to talk with young, male, schizophrenic patients in sharply insightful, often therapeutically effective, ways quickly made him a renowned figure in the psychiatry of the time, which struggled to understand the debilitating illness. The hospital physicians used a psychoanalytically oriented talk therapy, but it was not clear at first if the method would be useful for the treatment of severely disturbed schizophrenic patients. Sullivan showed that it could be, as the success rate in his ward appeared extremely high. This was a striking accomplishment, especially given the general understanding of the time that psychoanalysis was effective for neurosis but not necessarily for psychosis.

An often overlooked aspect of his clinical work at Sheppard-Pratt was that many of his patients were homosexual men. A closeted homosexual man himself, and by 1928 living with his lover James Inscoe, who would become his lifelong partner, Sullivan was committed to eradicating homophobia, which he believed could cause mental disturbances including schizophrenia. Lacking a critical mass of like-minded people to push forward this progressive view publically or politically, Sullivan concentrated his efforts on reducing the internalized homophobia and self-hatred among his patients in a protected, clinical environment. He was critical of traditional or religious teaching about sexuality as well. The prohibition of masturbation, premarital sex, and interracial sexual relations became the target of his critique of “outdated” morality, which he considered responsible for considerable damage to a person's self-esteem. Although he followed in Sigmund Freud's steps in many ways as one of America's neo-Freudians, Sullivan's evolving theory marked a clear departure from classical psychoanalysis. He understood illnesses in social, interpersonal interactions rather than in purely psychological dynamisms.

So it was that Sullivan in the 1930s became increasingly convinced that not only mental disorders but
also the sociocultural and interpersonal conflicts that cause them needed to be addressed by psychiatrists. Thus, he embarked on several intellectual and institutional initiatives that were to change psychiatric education and research in a way that promoted prevention and a better social acceptance of the mentally ill. He worked with luminous intellectuals of the era such as Edward Sapir, Harold Lasswell, Ruth F. Benedict, and Margaret Mead, expanding the horizon of interdisciplinary collaborations between psychiatry and the social sciences. Sullivan wanted psychiatry to be a science, and his way of accomplishing this goal was to expand the discipline outward. During the 1930s, Sullivan also undertook private practice in New York City, with the hope that treating neurosis would help prevent more serious conditions such as schizophrenia. He continued to pursue his goal of debunking internalized homophobia among his patients and students, although some of his practices involving sexual intimacy with patients and students crossed ethical boundaries and shocked many colleagues.

Sullivan was not a prolific or eloquent writer, but his interpersonal theory reached maturity and fame in the late 1930s and early 1940s. Although most of his monographs were published posthumously, his insights into mental illness as a result of conflicted interpersonal relationships became well-known through his articles, lectures, and seminars. His interdisciplinary journal *Psychiatry*, along with the institutions that he either established (The Washington School of Psychiatry) or was affiliated with (Chestnut Lodge Hospital), served as his intellectual outlets. Pushing his understanding of mental illness in social milieus further, Sullivan asserted that an individual personality is “illusory” because it cannot be isolated from interactions with others. This view was closely related to his clinical experience, as he believed that as an observer, a doctor always participated in what happened in an interpersonal encounter with a patient. Thus, what a doctor observed was not a fixed personality of a patient but a patient in the process of relating to the doctor. To comprehend a patient, then, a doctor must become a “participant-observer,” who collects the data not only of the dynamisms of the ongoing doctor–patient interactions but also of the “life history” of both the patient and the doctor that shapes the current therapeutic relationship. In the life history of a patient, Sullivan sought to find elements of healthy development, such as a positive relationship with a chum in preadolescence. Equally important, he tried to find as possible causes of illness a range of interpersonal failures and embarrassments at all stages of personality development.

The last decade of Sullivan's work, from 1939 to his death in 1949, was devoted to the making of the psychiatric screening system for the U.S. Army and to establishing international mental health programs for the World Health Organization, the World Federation for Mental Hygiene, and UNESCO. However, these efforts were plagued with serious limitations. Originally modeled on his participant observation and life history methods, the mass screening of prospective soldiers became a hasty, often dysfunctional, and ultimately unreliable diagnostic procedure. There is little doubt that Sullivan's intention was to protect psychologically fragile military recruits from possible mental breakdowns in the army environment. But the screening system fell harshly on the rejected individuals, including homosexual persons who were denied the right to serve the nation because of their “homosexual proclivity” or “psychopathic personality.” And yet, his work for national mobilization in World War II elevated Sullivan's reputation, leading him to serve as one of the major architects of postwar liberal mental health policies, such as the International Congress on Mental Health and the UNESCO Tensions Project. Both of these programs aimed to study and prevent the interpersonal and international tensions that cause wars.

By the end of the 1940s, Sullivan was an enigmatic figure whom many of his students and colleagues found mysterious and not easily approachable. Nonetheless, Sullivan's interpersonal theory became one
of the major components of psychoanalytical treatment and theory of mental illness after World War II, when psychoanalysis reached its golden age in the United States. To be sure, the influence of psychoanalysis on psychiatry declined after biological and neuroscientific approaches to mental disorders became mainstream. But Sullivan's interpersonal approach to mental illness continues to be a vital component of the clinical practice of many psychologists, psychotherapists, and counselors today. He was an important pioneer in midcentury interdisciplinary collaboration. Also, he is remembered as a practitioner of extraordinary talent and a theorist who passionately and fearlessly pursued disciplinary border crossing in the history of American psychiatry and social sciences.

See also Classical Psychoanalytic Approaches: Overview; Contemporary Psychodynamic-Based Therapies: Overview; Freud, Sigmund; Freudian Psychoanalysis; Horney, Karen; Interpersonal Theory; Neo-Freudian Psychoanalysis

Further Readings


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