

Reply to Greenberg

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JAY GREENBERG HAS REFERRED to our warm friendship, our mutual respect for each other's work, and our open, spirited discussions of our differing versions of reality. I have enjoyed these discussions and have learned a great deal from them. I am pleased, then, to take this opportunity to continue our dialogue.

Jay argues forcefully for the subjectivity of beliefs about reality: they are constructions, not literal transcriptions of an external situation; they are shaped powerfully by inner motives and other subjective factors; they may be highly inaccurate constructions of an actual event or interpersonal situation.

None of these points is in dispute. In fact, they are central tenets of Weiss's theory, and they are each developed explicitly in my paper. Nonetheless, Jay is correct in sensing that something is awry, for we do differ about the implications of the subjectivity of beliefs, and my position is based on a novel and unfamiliar paradigm that challenges conceptions that Jay takes as self-evident. Therefore, Jay feels in his bones that there is something troubling, if not perversely wrongheaded, about my paper. Are not beliefs usually thought of as less strong and stable structures than in my usage? And yet, in treatment, are not beliefs stubbornly maintained for long periods of time in the face of contradictory evidence? Am I not underestimating motivation and overestimating the "power of reality"? Why do I not give more weight to the fact that wishes sometimes override reality? Would it not be more straightforward to talk about internalized object relations instead of beliefs? And why in the world are beliefs about reality given a central place in Weiss's theory when psychic life contains such vital forces as needs and affects and fantasies? In responding to some of these concerns, I shall try to clarify further what I take to be our actual differences.

Needs May Distort Appraisals of Reality

The touchstone to which Jay repeatedly returns throughout his discussion is that inner needs influence our appraisals of reality. Our beliefs

about reality are more or less distorted in the service of internal motives. Moreover, in his words, "Sometimes, when need confronts reality, it is reality that flinches." Jay's touchstone is based on observations familiar to every psychoanalyst and verifiable in our daily lives as well as in our work.

The observations do not, however, contradict Weiss's theory. I shall make three points in clarification of this issue.

First, our beliefs about reality—whether distorted by need or not, whether veridical or not—directly and powerfully influence our mental life.

For example, a seven-year-old girl whose father had only recently begun to spend much time with her formed several beliefs after his sudden death from a heart attack. She developed the beliefs that she was responsible for his death because she had been too demanding of him; that his death was a punishment inflicted upon her for wanting a special relationship to him; and that happiness is transitory and it is foolish to count too much on anyone or anything. These beliefs were shaped by the young girl's subjective state, including her motives. They are not, in the ordinary sense of the term, veridical. Nonetheless, these beliefs, formed in response to her father's death, had a profound impact on her personality and on her subsequent relationships.

Second, certain kinds of actual events or interpersonal experiences tend to produce characteristic beliefs in those who experience them. This regularity demonstrates that actual experiences may decisively shape our construction of beliefs about reality. The beliefs are lawful—that is, regular and predictable—consequences of an actual experience. Knowledge gained from study of such relationships between actual events and our subjectively constructed beliefs is important not only for its theoretical significance, but also for its valuable contribution to our clinical understanding.

I will use the trauma of childhood sexual abuse as an example of the lawful relationship between actual events and pathogenic beliefs. Both clinical case reports and research studies of children following verified instances of sexual abuse have shown that in cases of such abuse the child almost invariably infers that she is at fault, that she is a dirty, disgusting person, that she is a bad person, that she deserves the abuse, that she is not entitled to nonexploitative care from others, and that she deserves to be mistreated in the future. Although each such trauma is to some degree unique and each person experiences the trauma individually and under-

stands it through her own subjectivity, each person's mental life is profoundly affected. And virtually every person develops most or all of the beliefs described above, as well as some more idiosyncratic beliefs.

It is worth noting that the beliefs produced by such experiences are not wish-fulfillments; they are the kind of grim beliefs described by Weiss.

I have also given some examples in my paper to illustrate that relatively routine dramas of childhood—for example, being scolded over and over again for not cleaning one's room—may also tend to produce characteristic beliefs.

Third, the fact that needs may, in some instances, override reality does not demonstrate the relative unimportance of reality in our mental lives. Quite the contrary. It attests instead to the power of reality, and of our beliefs about it, over our mental life.

For example, a woman whose baby had died was hospitalized with the delusion that her baby was still alive. She spent her first days on the ward taking care of the imaginary infant. This vignette illustrates that denials, fantasies, and even delusions may be caused by a belief about reality: if this woman did not believe (unconsciously) that her child was dead, she would not have created an imaginary baby to whose care she was so devoted.

Notes on Changing Pathogenic Beliefs in Treatment

Pathogenic beliefs are usually difficult to change. If a patient completely accepts a belief as true, he is unlikely to test it with the analyst. Moreover, a belief, like any theory, determines what we observe and how we weigh the evidence; therefore, patients, like scientists, will tend to hold on to established beliefs in the face of ambiguities and inconsistencies in the evidence.

Nonetheless, patients are unconsciously motivated to disconfirm their pathogenic beliefs because such beliefs cause them great suffering and constrict their lives. Therefore, patients listen carefully to anything the analyst says that may tend to challenge their beliefs. They will also be motivated to test their beliefs in their relationship to the analyst.

The testing of pathogenic beliefs is potentially dangerous for the patient. Pathogenic beliefs predict danger. In testing a belief, the patient must temporarily defy it; therefore, if the belief is true, the patient may be exposing himself to danger. For this reason, testing is usually carried out in ways that minimize the risk.

For example, a woman who unconsciously believed she would threaten the analyst and make him angry with her if she disagreed with him was able to test this belief at first only by faintly hinting at less than total agreement with a particular interpretation. She misread the analyst's subsequent silence as anger toward her. But over a long period of cautious testing, she became confident that the analyst was not threatened by disagreement and would not become angry with her. She became freer in her testing of this belief and more able to observe evidence that the analyst was not threatened or angry when she disagreed with him.

The process of disconfirming pathogenic beliefs is ordinarily lengthy and requires repeated testing, as in the case of Mr. A. Change is usually incremental rather than abrupt. The patient, because of his motivation to disconfirm pathogenic beliefs, usually persists in spite of his anxieties, his difficulties in trusting evidence contrary to his belief, and the occasional lapses of his analyst.

When the analyst's attitude, interpretation, or behavior tends to disconfirm the belief the patient is testing, the patient regularly shows incremental progress. She will feel slightly calmer and more confident. She may remember something or feel something or gain insight into something that she could not know or experience previously because the belief warned her that it would be dangerous to do so.

No analyst need be distressed by this glimpse of order and lawfulness. Lawful sequences such as we have observed clinically and in formal research do not contradict the belief that treatment is a complex human process in which the analyst will at times experience confusion, lack of comprehension, and awareness of his fallibility.

More on Beliefs

Beliefs have a different status in Weiss's theory than in most other psychoanalytic theories. For Weiss, they are not epiphenomena to be explained at some other level of discourse. They are a person's convictions about his reality, including himself and his world; this gives them their distinctive authority in mental life.

Pathogenic beliefs concern matters of great personal and emotional significance to the person who adheres to them, for they concern his most cherished strivings as well as the dangers that impede him from fulfilling his strivings.

Pathogenic beliefs link an internal motive (wishes, goals) to a dangerous consequence believed to be real (e.g., loss, punishment, remorse, shame). They enjoin intrapsychic conflict, for in obedience to the belief and the feared consequences it predicts, the person struggles against the wish or renounces the goal.

The concept of pathogenic beliefs provides a more individually specific and precise identification of a person's conflict than other psychoanalytic concepts about conflict constellations (e.g., an oedipal conflict or of an individuation-differentiation conflict).

The concept of pathogenic beliefs is embedded in a broad theory of human nature and motivation. According to Weiss, human beings have a powerful, innate motivation—evident from infancy onward—to understand their reality and to adapt to it. They work to acquire knowledge of their reality. This knowledge, which is organized intrapsychically as a system of beliefs, is essential to securing gratifications, avoiding dangers, getting on with parents and others, and, indeed, surviving. This theory is compatible with findings in contemporary infant development research that show that infants are motivated to attend to, and learn about, their physical and interpersonal environment, to form hypotheses about their world, and to test these hypotheses. In this context, I would note that when Jay asserts that the belief concept lacks strong motivational underpinnings, it would be more accurate to say that Jay holds a different motivational theory.

Finally, I wish to express gratitude to Jay for continuing our dialogue, setting forth his disagreements with my paper, and introducing some of his alternative views. I hope that my response takes us an additional small step in the comparison of ideas.