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COMMENTARY

The Role of Pathogenic Beliefs in Psychic Reality

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In this commentary, I develop the idea that a person's beliefs about oneself and one's interpersonal world are central to one's psychic reality. In addition, I try to show that certain of a person's maladaptive beliefs about oneself and one's world are pathogenic in that they may give rise to psychopathology.

Reliable knowledge about oneself and one's world is necessary for survival. The human being is highly motivated to acquire such knowledge. Indeed, after only a few weeks the infant begins to make and test hypotheses about how the parents are likely to react to him or her. The infant's purpose is to acquire the knowledge that he or she needs to develop a secure relationship with them (Stern, 1985).

The knowledge that an infant (in this discussion, a male infant) acquires from his experiences with his parents has an awesome authority. For the infant and young child, the parents are absolute authorities. The infant has no prior knowledge by which to judge them. Moreover the infant needs a secure relationship with them to survive. Therefore, he must accommodate both to the ways they behave to him and to their implicit and explicit teachings. The infant assumes that the ways his parents treat him are the ways that he should be and will be treated.

If the infant or young child experiences his parents as trustworthy, supportive, and loving, he may develop the belief that he is attractive and likely to attain his goals. This belief is adaptive and may serve him well in the future. If he experiences

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his parents as neglectful and rejecting, he may develop the beliefs that he is unimportant, that life is painful, and that he is not likely to get what he wants. Though he develops such beliefs as part of his effort at adaptation, they are likely to handicap him in his adult life and hence be maladaptive.

Beliefs, including pathogenic beliefs, need not be encoded in words. In the infant they may be encoded as Repetitions of Interactions, Generalized, or RIGs (Stern, 1985). Moreover, the adult and the infant are admirably equipped to assess the infant's reality nonconsciously, and without use of words. Indeed, research into the nonconscious acquisition of knowledge demonstrates that the human being has an enormous capacity nonconsciously to make inferences from complex data, to solve difficult puzzles, and to make broad generalizations from particular experiences (Lewicki, Hill, & Czyzewka, 1992). Moreover, as Lewicki et al. tell us, the nonconscious capacity of people to acquire information is much more sophisticated and rapid than their conscious capacity to do this. Also, human beings have no conscious access to the nonconscious processes that they use to acquire information. People cannot describe them; they are conscious only of the *results* of their nonconscious mental activities.

According to Lewicki et al. (1992), it is by nonconscious processes that people form their main impressions of others, and it is by such processes that they fall in love. Based on Lewicki et al.'s findings, I argue that it is by such nonconscious processes that people acquire beliefs about themselves and others, including pathogenic beliefs. Additional evidence that a great deal of important thought is carried out both nonconsciously and nonverbally comes from the observations and research investigations of linguists (Pinker, 1994).

A person's beliefs about himself or herself and his or her world are closely connected to his or her affects. For example, if a person believes he is bound to fail, he will be depressed. If he believes the world is hostile, he will be wary. If he believes he is good and fortunate, he will be cheerful and optimistic. Because of the close relationship between beliefs and affects, it is sometimes possible to infer a person's conscious and unconscious beliefs from his or her affects.

COMPARISON WITH FREUD'S VIEWS

My formulations about beliefs contrast with those presented by Freud in his early theorizing (Freud, 1900, 1911–1915). However, they are compatible with certain concepts that Freud (1926, 1940a, 1940b) developed in parts of his late works. The unconscious mind as Freud conceptualized it in his early writings can accommodate neither a wish for adaptation nor unconscious beliefs. Conceptualizations of psychic reality based on Freud's early theory tend to emphasize the role not of unconscious beliefs, but of unconscious and conscious wishful fantasies derived from impulses.

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In his late works, Freud introduced the concepts of unconscious cognition and an unconscious wish for adaptation. For example, in the Outline, Freud (1940a) endowed the Ego with the task of self-preservation, which, he stated, the Id appears to neglect (pp. 146, 199). He assumed that the Ego, in carrying out this task, tests reality and regulates behavior by the criteria of safety and danger (p. 199).

In addition, Freud assumed that a person may suffer from a particular unconscious pathogenic belief—namely, the belief in castration as a punishment. Freud repeatedly wrote that castration anxiety arises from a belief as opposed to a fantasy. Moreover, he assumed that this belief is acquired by inference from experience. For example, Freud (1940b) wrote that after the young boy who has been threatened by castration perceives the female genitals, he cannot help believing in the reality of castration (p. 277). Though the belief in castration is false, from the point of view of the child it is plausible. The child's knowledge of human relations is so limited that, for him, this inference is a reasonable conclusion.

THE CENTRALITY OF BELIEFS

People's unconscious beliefs about themselves and their world, though acquired in the past, color their current experiences. People tend to see themselves and others much as they unconsciously believe themselves and others to be. They may see the present in terms of the past even when the present is vivid and dramatic. For example, a man whose proposal has just been accepted by the woman he loves may not feel especially happy. He may unconsciously believe that nothing he does will work out or that he has no right to have a better marriage than his parents.

People tend to change their beliefs about themselves and their world slowly. It would be maladaptive to change them rapidly, for a person needs a stable set of beliefs to make and carry out plans. Even a relatively poor guide may be better than a constantly changing one. The tendency of people to retain their beliefs may be illustrated by the example of a student who falsely believes himself weak in academic skills but who does well in a particular course. He is not likely to conclude that he is a better student than he realized. He is more likely to conclude that he was lucky or that the teacher was lax in grading him.

Because people's beliefs about themselves and their world inevitably are based on the inferences they make from their own special experiences, each person's beliefs are different and each person can be said to live in a different reality. Just as two analysts with different theories perceive the same patient behavior in different ways, so do two persons with different beliefs perceive their interpersonal worlds and even their material worlds in different ways. One person may expect a stranger to be friendly, whereas another may expect him to be aloof. One person may experience his house as luxurious, whereas another with an identical house may perceive his as inadequate.

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THE RELATION OF FANTASY TO BELIEF

Wishful fantasy, as Freud (1911) defined it in *Formulations on the Two Principles of Mental Functioning* (p. 222), is regulated by the pleasure principle and not subject to reality testing. Wishful fantasy is important. A person may derive pleasure from one's fantasies and be guided by them in the development of one's goals. However, the acquisition of reliable beliefs about oneself and the world is a matter of life and death.

People acquire beliefs about themselves and their world before they begin to fantasy. Indeed, according to Stern (1985), the infant is concerned almost exclusively with reality. The infant does not begin to fantasy until almost 2 years of age. Moreover, fantasy is developed in relation to preexisting belief. For example, a person would not develop the fantasy that he was rich and famous unless he knew that he was neither rich nor famous.

Because people's wishful fantasies take them away from reality, the fantasies may endanger them. Therefore they ordinarily permit themselves to deny their current problems only when they unconsciously decide that they will not endanger themselves by doing this. Sometimes people permit such denial when they are in dire circumstances and have nothing to lose by turning from reality. Or sometimes people permit such denial if they unconsciously decide that by facing a frightening reality they would paralyze themselves.

PATHOGENIC BELIEFS

As previously stated, children's acquisition of pathogenic beliefs depends on their intense need for their parents and the authority with which they endow the parents. When in conflict with the parents, infants or young children assume that the parents are right and they are wrong. This is illustrated by Beres's (1958) study of children placed in foster homes. Beres found in each case that the child assumed he or she was being punished and that he or she deserved the punishment. Children who are unable to please complaining, depressed parents may develop the pathogenic belief that they are failures. Children who experience their parents as very worried about them may develop the pathogenic belief that the parents' worries are justified by their own defects.

Pathogenic beliefs are concerned with both reality and morality. Indeed, children do not distinguish between these. The moral principles that guide individuals around them are a part of their reality, and they begin to learn these principles in infancy and early childhood. Children's pathogenic beliefs reflect their egocentricity, their lack of knowledge of causality, and their ignorance of human relations. For example, a young child tends to assume himself responsible for the traumatic experiences of his early life, including the traumatizing ways his parents behave

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toward him. A child may take responsibility for parental quarrels, illnesses, separations, or a parent's death.

The fact that, after a traumatic experience such as the death of a parent, the child may infer retrospectively that he was responsible for the death has been demonstrated empirically by Mancuso (1995).[1] In her study of 32 bereaved children, 8 stated directly that they were responsible for the death of a family member. Four stated directly that they felt guilty about the death of a family member. Four other children expressed guilt about acts of omission to the dead family member. Moreover, Mancuso found that bereaved children suffer from more guilt and a greater sense of responsibility than do nonbereaved children.

A person's pathogenic beliefs may underlie behavior that in Freud's early theory is explained in terms of the power of primary unconscious impulses. For example, a patient whose mother was extremely promiscuous and who unconsciously was proud of her own sexual restraint at one point experienced herself as scarcely able to control powerful sexual urges. As became clear in the analysis, the urgency of the patient's sexual impulses was secondary to her belief that she should not feel superior to her mother. She was tempted to become promiscuous so as not to feel superior to her mother and to punish herself for her pride at exercising the kind of control over her sexuality that her mother did not. As she came to realize this, she gained control of her sexuality.

Pathogenic beliefs may give rise to obsessive–compulsive behavior. For example, a patient who in childhood inferred from his parents' behavior that he could push them around became highly motivated to maintain their authority by weakening himself. He weakened his capacity to challenge them by not letting himself know what he wanted to do and by not permitting himself to make and carry out plans. In his adult life, he obsessed about how to spend his time. He would consider first one plan, then another, which in effect paralyzed him. As he overcame the belief that by being strong he would injure others, he became more able to behave decisively.

Pathogenic beliefs may also give rise to perverse behavior. For example, a patient in early childhood developed the pathogenic belief that his restless activity made his mother worried and upset. He would run around the family's small apartment, and his mother would feel exasperated and helpless. On one occasion when he was 3 years old, his mother's younger sister playfully held him down. He became sexually excited. In his late adolescence, he developed bondage fantasies. Later, he had his girlfriends tie him down and have sex with him. His being tied down reassured him against the pathogenic belief that he was too strong and active for his sexual partners. This made it safe for him to get sexually excited.

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[1]Margaret Mancuso did this research for her dissertation at the Wright Institute in Berkeley, California. She was supervised by Dr. Lynn O'Connor. Copies of this dissertation are on file at the Wright Institute in Berkeley and at the San Francisco Psychotherapy Research Group.

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EVIDENCE FOR PATHOGENIC BELIEFS FROM PSYCHOTHERAPY RESEARCH

The San Francisco Psychotherapy Research Group, co-directed by Harold Sampson and me, has found support for the concept of pathogenic belief from formal quantitative research on the therapeutic process (Weiss, 1990, 1993a, 1993b; Weiss, Sampson, & the Mount Zion Psychotherapy Research Group, 1986). We showed that independent judges, reading condensed transcripts from the first 10 sessions of an analysis, agreed reliably on the patient's pathogenic beliefs (Caston, 1986). These judges inferred that the patient unconsciously suffered, among other beliefs, from the belief that she was responsible for her parents and siblings and that she felt guilty toward them. She feared that she could push her parents around and that she would hurt her parents if she opposed them or was superior, different, or independent of them. The judges predicted that during her analysis the patient would experience as helpful those interventions that could be used to disconfirm these beliefs.

We studied all of the therapist's interventions and rated them for whether and to what extent we expected them to help the patient to disprove the family of pathogenic beliefs just described. We demonstrated that the patient did in fact become immediately bolder and more insightful after interventions that we assumed she could use in her efforts to disprove these beliefs (Caston, Goldman, & McClure, 1986). The fact that the patient did benefit from such interpretations is evidence for our assumptions about the nature of her pathogenic beliefs. In addition, the patient's immediate reactions to the interventions pointed to the rapidity of nonconscious mental processing described previously and to the patient's capacity to control her repressions in accordance with nonconscious assessments.

During the 100 sessions we studied, the patient demonstrated not only immediate benefit from interventions she could use in her efforts to disprove her pathogenic belief but a long-term benefit. She became progressively less afraid of hurting the analyst and her parents. She also became progressively more aware of her exaggerated fears of hurting her parents and her exaggerated sense of responsibility for them (Shilkret, Isaacs, Drucker, & Curtis, 1986). In addition, during the first 100 sessions the patient became progressively more able to fight with the analyst, to disagree with him, and to be independent of him (Curtis, Ransohoff, Sampson, Brumer, & Bronstein, 1986).[2]

SUMMARY

People's beliefs about reality and morality, which to a large extent are acquired nonconsciously, are central to their mental life. The beliefs guide them in the tasks

[2]Members of the San Francisco Psychotherapy Research Group have replicated these studies with appropriate modifications in studies of three time-limited, 16-session psychotherapies (Broitman, 1985; Davilla, 1992; Fretter, 1984; Norville, 1995; Silberschatz, Fretter, & Curtis, 1986).

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of adaptation and self-preservation. It is in accordance with their beliefs about themselves and their interpersonal world that they organize their perceptions about themselves and others and shape their behaviors, affects, and moods and evolve their personalities. It is in obedience to certain maladaptive beliefs that they develop and maintain their psychopathology. Evidence for the role of pathogenic beliefs in psychopathology has been found in formal quantitative research studies.

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