A History of the Origins and Evolution of Intrapsychic Humanism

20th Anniversary of the Intrapsychic Humanism Society

July 30, 2022

Retrospective

I am so happy to be celebrating with you on the 20th anniversary of the Intrapsychic Humanism Society. There is a lot to celebrate! The Society has offered a multitude of informative and thought-provoking programs, and our extraordinary members have accomplished so much good in the application of these ideas. I would especially like to honor our Board members, past and present, and our two dedicated and inspirational CEO's first Dr. Mark Steinberg and now Dr. Patricia Walker. Also I want to thank the Board and most especially Dr. Walker for all the work that went into this lovely celebration.

In recognition of this anniversary I would like to revisit and expand a talk I gave at the 20th anniversary of the publication of *Intrapsychic Humanism* and do something I mostly avoid, namely to talk personally about the genesis of Intrapsychic Humanism, and the process and struggles my co-author, William J. Pieper, and I went through -- to create it, to

get it published, and then to disseminate it, defend it, and write and speak about its broad applicability. Next I will review some of the ways in which our discoveries are currently being applied. Because the theory is new to some of you and also complex (although grounded in empirical observations), and because I have packed a lot of information into this talk and would like you to be able to listen without worrying about taking notes, I will put a copy of these remarks on my website, www.marthaheinemanpieperphd.com, so that you can access them whenever you wish.

The Need for a New Psychology

I should probably begin by remarking that in some ways this could be considered a 50th anniversary of the discovery of the principles of Intrapsychic Humanism in that it took nearly twenty years from the time we began to develop the theory of Intrapsychic Humanism to its publication in 1990[1]! I can't really identify with certainty the exact process by which we developed the theory of Intrapsychic Humanism, but I can say for sure that it represented a coming together of many different strands.

[1] *Intrapsychic Humanism: An Introduction to a Comprehensive Psychology and Philosophy of Mind,* Falcon II Press, 1990.

The fundamental impetus that drove our effort to develop a new psychology was our dissatisfaction with all other psychologies, psychotherapies, and parenting approaches.

William J. Pieper and I were each well-versed in the other major psychologies, including psychoanalysis and its offshoot self-psychology; cognitive behavioral treatments; narrative therapy; the various social work theories and therapies; Rogerian therapy; and the writings of those who diverged from Freud, such as Erikson, Jung, Adler, Fromm, Lacan, and so forth. We shared a conviction that none of these approaches provided a satisfactory account of the most salient mysteries of the human condition including: the causes of psychopathology; the nature of human nature, especially the phenomenon of consciousness; the optimal way to care for babies and children so that they will become happy and functional; the phases and stages of child development; and the best psychotherapeutic approach to treating unhappy children, adolescents and adults. Our dissatisfaction with other psychologies took various forms. For one thing, all of them seemed ad hoc, that is, they arose from the authors' personal beliefs about human nature rather than unfolding step by step from demonstrable first principles, and they had very limited explanatory power. Some seemed too negative and pessimistic, such as Freud's belief that every baby's mind contains a "death instinct," with the result that Freud concluded that the best outcome psychotherapy

can hope for is to replace "the misery of neurosis with the common unhappiness of everyday life." Psychologies that were overly negative about fundamental human nature did not jibe with the love and happiness that characterized the infants we met. Moreover, they did not explain why or how some adults can maintain an unshakable inner happiness in the face of significant loss. Nor did they explain how clients who enter psychotherapy with an unhappiness expressed in painful symptoms can transform their lives and become able to make good, rather than self-defeating or self-destructive choices; and how they are able to free their own inner well-being from both their own self-imposed unhappiness, and also from the losses of everyday living. At the same time, many psychologies were unrealistically optimistic. It was clear to us from our clinical work, as well as from observing those we knew or read about who struggled with various types of addictions and self-destructive behaviors, that there are powerful forces set against an individual's ability to overcome what we later called the "Addiction to Unhappiness.[2]" The stubborn attraction to self-defeating and self-destructive behaviors, including depression, obsessions, and anxiety, are not accounted for in overly optimistic psychologies, such as those of Maslow or Erich Fromm, the various cognitive behavioral approaches, narrative approaches, or trauma approaches, among

[2] *Addicted to Unhappiness: How Hidden Motives for Unhappiness Keep You from Creating the Life You Truly Want, and What You Can Do,* 2nd Edition, Smart Love Press, LLC, 2019.

others. These incorrectly assume that people can become happier simply by making the guided effort to get in touch with an inner self, unlearning learned dysfunctional behaviors, becoming desensitized to adverse experiences, etc. These overly optimistic approaches ultimately leave many clients feeling ever more inadequate and unsuccessful when they fail to actualize their therapists' optimistic beliefs and programs.

We also felt that the different modes of psychotherapy that we had been taught, had experienced personally, and had seen friends go through and discuss with us were at best no better than talking to a good, perceptive, caring friend, and, at worst, caused clients to continue to suffer from the symptoms with which they entered treatment and, often, to develop new symptoms that were even more serious and uncomfortable. Even when the lives of clients in the various kinds of therapies improved, these clients' underlying fluctuations in inner well-being never seemed to change much. Moreover, the prevailing psychotherapeutic approaches frequently described clients so negatively that we cringed inside and couldn't see how it was possible to help those who were being depreciated to feel better about themselves. Examples are the diagnosis of "narcissistic personality disorder" or clinical conferences and published papers in which clients were routinely described as "needy," "manipulative," "boring," or "provocative." Moreover, when therapists felt bored or

irritated, they generally blamed the client. And when clients seemed stuck, therapists often concluded that they had improved as much as they were able and terminated these clients without seriously examining their own work. When we attended clinical presentations, we always felt that we would hate to be talked about the way in which clients were discussed, and we determined to develop a therapeutic approach in which clients would feel valued and respected rather than depreciated if they heard themselves being described by their therapists.

Finally, we were appalled by nearly all of the parenting theories and parenting advice we read and that we saw in practice. For example, the phases and stages of development being described did not fit with our observations of children; we knew that babies could not be born "blank slates" since at birth they could imitate others' facial gestures and recognize their mothers' voices and languages; it seemed to us that way too much was being expected of children at too early an age; we never thought of children as inherently bad and needing a strong intervention to curb antisocial tendencies; it made no sense that young children had to be made to suffer in order to learn patience or independence; and, of course, we thought it was counter-productive and counter-intuitive to model punitive behaviors in the course of trying to raise adults who would be caring and compassionate. As a result, we were opposed

to all the standard disciplinary measures, including time-outs, "consequences," lectures, and, of, course, spankings.

The sum total of our discontent was that we were both degreed in or getting degrees in a field that we wanted to be in so as to help others, but a field that we saw as woefully lacking a theory that we were comfortable learning, teaching, or practicing. Obviously, the answer was either to change careers or to go back to the drawing board.

Back to the Drawing Board: Evolution of the Psychology of Intrapsychic Humanism

I should start this topic by addressing a question I am often asked, namely, which of us contributed what to the theory. In all honesty I have to say that this is one of those rare collaborations in which we constantly modified each other's thoughts and finished each other's sentences to the point that I could not tell you who contributed what to a particular idea. Amazingly, we almost always agreed on what worked and what didn't, and, when we did disagree, we were able to hash out our differences until we were both satisfied. By and large, our collaboration was a lot of fun. When we argued, and we did, it was usually about form, not content, i.e. meeting deadlines, word choice, whether material should be in footnotes or in the text, etc. I will admit that in those kinds of disagreements, I had the final say because I was the one putting our thoughts down on the computer.

Making no small plans, we set out to develop an entirely new psychology and philosophy of mind. Our most important criterion was that people who encountered our psychology would actually have the "aha" experience of seeing themselves represented, rather than hearing about a human nature that felt foreign and alien. This meant that the theory consistently had to have the perspective of the child or adult under consideration. At all times we used the test of whether we would feel comfortable and enlightened if our conclusions about human nature were being applied to ourselves in a public forum. This sounds easier than it was in practice. For example, jumping ahead, there was an iteration in which we talked about psychopathology as arising from "caregiver rage." But when we thought about it, we realized that we would not want that description applied to ourselves; that parents and other caregivers are not intentionally or knowingly harming their children, but just the opposite - they are trying to do the best they can to raise happy, successful children. We also recognized that often environmental impediments such as health issues, social inequality, racism, classism, unenlightened governmental and workplace parenting policies, etc. kept parents from doing the best parenting of which they were capable. So we changed our conceptualization of the ultimate cause of psychopathology to "inaccurate" parenting, which occurs in spite of parents' best intentions and often as a result of negative environmental effects.

It is nearly impossible to reconstruct an exact causal line for a discovery. Probably the best way to talk about the development of our theory is that it sprang from our personal and clinical observations; from our struggles with a conglomeration of perennial and thorny questions about mind, brain, and consciousness; from our awareness of the universal developmental milestones in childhood; and from our recognition that psychopathology was both resistant to change and also capable of improvement. All of these strands coalesced at some point into a new understanding of human nature. First, there were the milestones of child development such as the smile response, stranger anxiety, and separation anxiety, which were obviously of great importance to understanding how children develop, but which we felt had not been given adequate explanations. Then there was the problem of consciousness. We spent some fruitless time wandering the byways of neuronal explanations of consciousness until we realized that we had lost our subject, the human being. Understanding how the brain functions is not the same as understanding how the mind functions.

In the process of realizing that we were going off course, we came to one of the fundamental discoveries that underlie Intrapsychic Humanism, namely, that *meaning* - the need for it, the search for it, the pleasure of it, was the fundamental motivation that took

precedence over all others, including motives for food, water, and, even, life itself. We had both seen the Rene Spitz documentary which showed that institutionalized infant foundlings whose physical needs were provided for but who were not given consistent, affectionate caregivers withdrew, refused food, and, even, died at alarming rates up to 75 percent[3]. At this point, we glimpsed that meaning was going to be the key to understanding human nature, including how children develop, why psychopathology exists, and how to provide effective psychotherapeutic help. Even though all of their other needs were met, the children in the Spitz film died because they lacked the meaning of being loved by a special person.

Consciousness

If it was clear that the meaning of being cared for by a significant other was necessary for life to continue, we had to account for the process by which this meaning was generated from birth onward. Our discovery was that every infant is born with an ideal of being loveable and loved and that ideal has to be met by experience. Initially, every experience infants have with their caregiver signifies the gratification, that is, the matching of that ideal. So infants are not blank slates, nor are they in any way sinful or anti-social – they enter the world as optimists and they use their experiences with their caregiver to validate that optimism. If, like

[3] "Grief: A Peril in Infancy," Spitz, 1947.

Spitz's foundlings, they don't have enough of a relationship with a caregiver to match their inborn ideal and produce the meaning of being loveable and loved, they will die. Current examples of this can be seen in children who have "failure to thrive" even though they are otherwise healthy and receive adequate food and are provided with all other physical necessities. The only explanation that fits is that these children lack an essential relationship meaning.

The inborn ideal of being loveable and loved and its gratification by experience is preverbal and has nothing to do with conventional notions of self-esteem or self-confidence. It is a meaning, not an affect, and we realized that it occurs on an entirely different level of consciousness from the consciousness of everyday experience. We decided to call that consciousness Intrapsychic Consciousness. Once we understood that this fundamental meaning of being loveable and loved was created when experience was matched to the inborn ideal, we were well on our way to understanding normal child development and psychopathology.

Child Development

With our new understanding of Intrapsychic consciousness, we returned to the consideration of childhood and tried to reframe universal developmental milestones in terms

of the *meaning* they have for the child. For example, when we examined the smile response, in which babies smile in response to the beloved faces of their primary caregivers, we realized that the joy babies feel when they smile is a physical expression of the Intrapsychic meaning of being loved and of causing that love. When we came to the next developmental milestone, stranger anxiety, we knew that when babies cried at the sight of a stranger's face they were experiencing a loss. We asked ourselves what was the nature of that loss, or, in our new way of thinking, what was the meaning the stranger's face had to the baby that caused the baby to feel loss. After much thought, we realized that babies' emotional well-being was being destabilized by their maturing cognition. That is, when babies' cognition develops so that they can recognize that "special" face and smile out of happiness at being loved and causing love, then they can also recognize when the face in their view is different from their beloved face, and they feel the loss of the Intrapsychic gratification that made them smile. The loss of that meaning of happiness stimulates them to cry or look upset, which is at once the expression and explanation of stranger anxiety. Keeping in mind this tension between babies' maturing cognition and their needs for the special meaning of feeling loved and cared for, we concluded that stranger anxiety eases when babies' cognition continues to mature until they can realize that their loved ones are still present even though a strange face might be present as well. So the mere *presence* of the beloved caregiver becomes the

experience that can supply the meaning, or gratification, of the Intrapsychic ideal of being loveable and loved. Moving on, we saw that separation anxiety, the next developmental milestone, occurs because babies' increasingly sophisticated cognition allows them to recognize when their loved ones have left the room, which results in the expression of the unhappiness of separation anxiety. If the mere presence of the caregiver can supply the meaning of Intrapsychic gratification, then the absence of the caregiver means the absence of that gratification, expressed as separation anxiety. In turn, we understood that separation anxiety eases when babies' cognitions develop further and allow them to maintain an internalized, experiential memory of their caregiver's love for them even in their caregivers' absence. This internalized caregiver memory is an important developmental step that phase appropriately allows toddlers to retain the Intrapsychic meaning of being loveable and loved even in the caregiver's absence. All along, we were seeing that reinterpreting early developmental milestones in terms of the need for Intrapsychic meaning was robust and powerfully explanatory.

Next we set out to explain a phenomenon we had observed but which had heretofore not been identified, which we ultimately called the "Intrapsychic No." As toddlers' cognitions continue to mature, they begin to realize that the pleasure of the Intrapsychic meaning

produced by having their caregiver's focused attention is greater than the pleasure of the Intrapsychic meaning they get when they play by themselves and rely for the meaning of Intrapsychic gratification only on the internalized memory or mere presence of the caregiver. As a result, they begin to demand this focused attention and are not willing happily to accept substitutes, such as pots to bang on, which only a few months earlier would have distracted and satisfied them. Unfortunately, other child-rearing experts tend to see this increased appetite for the caregiver's focused attention as a selfish or narcissistic trait that needs to be curtailed in the endeavor to create "independence." We, however, realized it was a natural extension of children's increasingly sophisticated specification of the means of gratifying (producing the meaning of) the Intrapsychic ideal of being loved and cared for. When caregivers stop what they are doing and play with the child, the child experiences a superior form of the Intrapsychic meaning of being both the cause and also the object of the caregiver's focused attention and feels supremely happy. But, as with all developmental milestones, there is also a phase-appropriate loss of Intrapsychic gratification, that is, there is a failure of experience to match the Intrapsychic ideal, which occurs at this age when parents cannot immediately give the child their undivided attention.

We now found ourselves in entirely uncharted territory. We had a new milestone accompanied by a new loss - but what was the resolution? The resolutions to the earlier milestones had come from the babies' developing cognition, which allowed them to realize their caregivers were still in the room or that they could draw on memories of them for comfort during times when they were absent. We finally realized that the resolution of this new developmental loss had to come from the caregiver. If caregivers consistently conveyed that they valued and endorsed their children's requests for their focused attention even when they couldn't at that moment provide it, children would eventually come to realize that they always possessed the pleasure of the Intrapsychic meaning of causing their caregiver's love and involvement even at times when their caregivers were temporarily unavailable to them. These children would develop the ability to uncouple the availability of their parents' actual responsiveness, which is necessarily variable, from the meaning of their parents' love and caregiving commitment, which is immutable. This was the real turning point in our understanding of child development. We saw that the Intrapsychic meaning of being the cause of parental love could be transformed into an inner well-being that is stable and ongoing when parental responsiveness allows the child to distinguish the Intrapsychic meaning of loving and being loveable from everyday disappointments. One strand of development, intrapsychic development, seemed complete.

Interpersonal Consciousness

As always happened, our understanding of one aspect of human nature immediately posed other, as yet unanswered questions. Now we had to explain the rest of development (the child being only two or three years old) and psychopathology. When we turned our attention to the child's other pleasures, such as building with blocks, running, making friends, etc., we realized that another kind of meaning produced a second type of pleasure. We called this secondary type of meaning Interpersonal meaning, and we began to understand the part Interpersonal meaning played in the rest of development. Interpersonal meaning, then, is produced within Interpersonal consciousness, which is the type of consciousness which is the focus of all other psychologies. Interpersonal meaning is produced by the gratification of social, cognitive, and physiological motives, and that meaning is often though not always experienced as affect.

There are numerous phases in Interpersonal development. I can only touch on them here but they are spelled out in *Intrapsychic Humanism* and in our parenting book, *Smart Love*[4]. One important one is the phase Freud misogynistically termed the "Oedipal" phase,

[4] *Smart Love: The Comprehensive Guide to Understanding, Regulating and Enjoying Your Child,* 2nd Edition, Smart Love Press, LLC, 2011

but which we re-conceptualized and renamed the "Romantic Phase.". The essence of the Romantic Phase as we understand it is that it gives children the crucial ability to distinguish between their ability to regulate their parents' caregiving motives and their inability to regulate their parents' personal motives. In a normal developmental process, although children can get their parents to stop what they are doing and play catch with them, they cannot get the parent of the opposite sex to lose interest in his or her spouse or partner and prefer the company of the child. (This loss also occurs universally but in a slightly different form when the caregivers are same sex partners, single parents, or there is some other family configuration). Whatever the family configuration, the successful resolution of this universal developmental loss is essential for functional adult relationships in which significant others always have some motives that differ from our own.

If I took you through all the twists and turns we went through to understand and describe all of development, we might be here another twenty years. I just want to give you a sense for the process of discovery and which strands seem in hindsight to have been most significant. Most important is that we understood that at the end of a normal developmental process an individual would have a stable inner well-being based on an ongoing, endogenous Intrapsychic motive gratification that would be unaffected by the inevitable

losses of living. On the level of interpersonal motive gratification, that is the self-confidence and self-esteem that we can feel, because of the existence of stable Intrapsychic gratification, that is, the sustained meaning of being loved and loveable, interpersonal gratifications eventually would become divorced from successes and failures. That is, while losses inevitably occur and affect us (for example, social injustice or the loss of a job, a partner, or health) one's inner well-being, experienced as the affect of self-esteem, would remain intact and one would not be overcome by serious depression or be soothed by anger at the self or excessive anger at others.

Psychopathology

Let me turn, then, to the issue of psychopathology. At the time, there were two basic schools of thought about mental illness - that it was in some way physiological (inborn or chemical), or that it was learned in the common meaning of the word "learned." As I said earlier, the first seemed too pessimistic and lacking in supporting evidence, and the other was too optimistic to explain the intractability of people's problems. We came to our discovery about the cause of psychopathology by asking ourselves a question that initially we couldn't answer: since, as we saw in the Spitz documentary and in cases of failure to thrive, babies can die unless they possess the Intrapsychic pleasure that comes from the

meaning of being loved and cared for, why don't more babies die who have parents who are abusive, neglectful, affected negatively by circumstance, or otherwise unable to provide them with accurate care. We realized that something was protecting these infants, but what? The more we thought about babies' minds, particularly the immaturity of their cognition and their ongoing needs for the Intrapsychic meaning of being loved and loveable, the more we were certain that babies' relative invulnerability to caregiving inadequacy lay in that combination of cognitive immaturity and the need for Intrapsychic gratification.

We went down a few fruitless byways, which I have to admit I cannot remember anymore, and then one day we realized that in a sense we had had the answer for a long time without realizing it. Babies were too immature to evaluate the care that they got. They took any behavior by their caregivers as representing ideal love (even though to an outsider that behavior might appear woefully inadequate or, even, abusive), and they gave that behavior the meaning of being cared for in an ideal way. In effect, babies were born with an accurate ideal of being cared for that could be remodeled by the caregiving they got to signify that they were being cared for in an ideal way even when they weren't. In other words, the Intrapsychic ideal of being loved and loveable could be modified so it could be matched (gratified) by experiences that to an outside observer were not ideal. We immediately thought

of geese that were made to imprint on humans. Their ideal of following a mother goose could be modified to accept a less than perfect parent, a human, but the baby geese don't know that. In fact, after some time has elapsed, baby geese who have imprinted on a human will choose to follow that human even when the mother goose has become available, which could certainly be considered psychopathology in a goose! (Since 1990 when we published *Intrapsychic Humanism,* there have been a number of experimental animal studies that support our discovery about the nature of psychopathology as ultimately stemming from the remodeling of the inborn ideal of accurate caregiving). We also realized that infants' acceptance and idealization of whatever care they received was adaptive. If infants could accurately assess the quality of the parenting they got and reject inaccurate parenting and therefor reject their parents, they would be unlikely to survive. Parents need to reap some degree of love and smiles if they are to remain committed to the effort it takes to care for an infant. So while the modification of the Intrapsychic ideal of being loved and loveable to include an ideal of inaccurate caregiving is the ultimate cause of psychopathology, we realized that it is also necessary for survival.

At this point, then, we were satisfied that we could explain why psychopathology can be so resistant to change. It wasn't because humans have a "death instinct," an inborn

genetic defect, have learned maladaptive behaviors or the wrong narrative, or have a chemical imbalance in their brains. Rather, as infants humans can come to equate what an observer would recognize as unhappiness caused by inaccurate caregiving with ideal happiness, and they will continue to need this unrecognized unhappiness because for life to continue, the Intrapsychic ideal has to be met constantly (accurately or inaccurately) by experience. This of course is why we titled our adult self-help book, *Addicted to Unhappiness.* We also realized that one consequence of psychopathology is that the Intrapsychic motive does not become uncoupled from everyday experience as it does in normal development after the Intrapsychic "No" phase, with the consequence that in psychopathology a person's inner well-being, their Intrapsychic motive gratification, would remain dependent on the vagaries of external gratification and, therefore, would remain to some extent unstable.

The last piece of our understanding of psychopathology followed quite naturally. It was clear that just as there were two types of meaning that produced two types of pleasure: Intrapsychic and Interpersonal, so there had to be two types of psychopathology. Intrapsychic psychopathology is invisible to the individual and can only be known by its effects. It is invisible because it is the unrecognized remodeling of the inborn Intrapsychic

ideal to allow unpleasure to acquire the meaning of Intrapsychic pleasure. This takes place in babies and young children when they are largely preverbal and when their brains are relatively undeveloped cognitively. This misidentification of the unpleasure produced by inaccurate parenting or environmental abuse or deprivation as pleasure impels people to seek out more of this unpleasure masquerading as pleasure. One consequence of this unperceived addiction to Intrapsychic unhappiness is the seeking of unhappiness on the Interpersonal level. This accounts for Interpersonal symptoms, such as obsessions and compulsions, difficulties with intimacy in relationships, depression, phobias, conflicts about working effectively, and so on. The unpleasantness of interpersonal symptoms is what brings people to treatment. Intrapsychic needs for unhappiness are what treatment ultimately will address if people are to live fulfilled and happy lives without any self-generated emotional or interpersonal conflicts, difficulties, or failures. Intrapsychic needs for unhappiness that has been misidentified as happiness are the reason that so many people cannot tolerate pleasure or success without experiencing what we term an "aversive reaction to pleasure" and acting in some way to undo the success or cause themselves unhappiness in some other area (think numerous celebrities).

Treatment

Turning to our psychotherapeutic approach, there is a long chapter on it in *Intrapsychic Humanism* and also it is described in an article, "The Privilege of Being a Therapist," that is available on my website, so I will not go into great detail here. The psychotherapy based on the principles of Intrapsychic Humanism, which we have recently renamed Inner Humanism (thanks to our CEO Patricia Walker!), rests on our discovery that psychopathology is the result of unrecognized motives for unhappiness that have been misidentified as happiness. In other words, we understood that clients are constantly pursuing two diametrically opposed sets of motives: the motives for genuine, unconflicted, constructive pleasure which characterizes the Intrapsychic ideal with which they were born, and motives for unpleasure that have been misidentified as pleasure because the Intrapsychic ideal has been to some extent remodeled so that it can be matched by experiences of unhappiness. Thus, success can stimulate an unconscious desire to destroy a hard-won achievement, or, even, cause a conscious reaction of depression or feelings of unworthiness. Also, due to unrecognized needs for unhappiness, everyday losses can be compounded by overreactions, which serve to provide unhappiness that has the meaning of pleasure. An example is the consultant who berated himself for days for making a verbal slip in a presentation to a client, in spite of the fact that he won the engagement. The addiction to

unhappiness is also the cause of much relationship conflict, for example, choosing the wrong friends or partners, or causing needless conflict with the right ones.

The job of the Inner Humanism therapist is to help clients first to understand how these conflicting motives are affecting their daily lives and, second, to help them to develop a stable preference for constructive motives over destructive or self-defeating motives. It is crucial that as therapists we avoid the trap of "therapeutic ambition," that is, of following our own personal motives to have the client improve rather than our caregiving motives to allow the client to improve at his or her own pace. Pushing or pressuring clients to talk or to change as so many other therapies do simply recreates the inaccurate caregiving of clients' childhoods and stimulates their needs for unhappiness when they feel they are not meeting their therapists' expectations.

The first stage of Inner Humanism treatment occurs when the client becomes able fairly consistently to act on the preference for constructive pleasure. In the second stage of Inner Humanism treatment, the consistent caregiving availability of the therapist causes the client to experience the difference between the intrapsychic unpleasure that in childhood was produced by inaccurate parenting or environmental trauma and the true intrapsychic pleasure of accurate caregiving. It is this discrimination and the resulting preference for

genuine caregetting pleasure that ultimately allows clients to gain the stable inner well-being they missed as children and to lead their lives without ever needing to cause themselves gratuitous unhappiness.

Having finally explained consciousness, child development, and psychopathology to our satisfaction and having spelled out a new understanding of and approach to psychotherapy, we were ready to put our discoveries into practice and see how well they held up. We began to use a more refined version of Inner Humanism in our private practices, and found, as we had hoped, that clients with all manner of symptoms improved and that their improvements were durable. We knew that we needed to provide a more public demonstration of the effectiveness of our therapy and, in addition, we were very curious to see if our conviction that it would work with all clients – from the most high functioning to the most emotionally disabled – would prove to be true. The pilot program that showed that Inner Humanism is effective with the most severely damaged clients is familiar to many of you. We approached DCFS and offered to take on their so called "untreatable" adolescents – institutionalized homicidal and suicidal adolescents who had been ejected from every mental institution in which they had been placed and who were in effect simply locked down and warehoused without treatment. The results are published in an article, which is available on

my website, entitled, "Treating 'Untreatable' Adolescents: Applications of Intrapsychic Humanism in a State-Funded Demonstration Project." The challenge in treating these teens was that their aversive reactions to pleasure took the form of wildly antisocial and self-destructive behaviors – suicidal, homicidal and running away. Staff and therapists had to manage these destructive reactions while at the same time understanding that some of them were signs of progress, that is, were aversive reactions to the pleasure of being accurately cared for. Gradually, the severity of the teens' aversive reactions decreased. We were promised five years of funding to help these teens, but after three years they were so much improved that the State terminated the program saying that the program had been so successful that such intensive care was no longer necessary. In spite of the premature termination, all of the teens except one were mainstreamed back into the community, and, to our knowledge, they became functional and were never re-institutionalized.

Parenthetically, my attempt to write up the DCFS project for my Ph.D. dissertation at the School of Social Service Administration (SSA) at the University of Chicago was rejected as "unscientific" by a panel set up to ensure that all dissertations met logical positivist criteria for science, particularly unreasonable strictures against any and all after the fact reporting and the equally unreasonable universal mandate for control groups and random

assignment of clients. None of these procedures were possible in our DCFS project. However, given the demonstrable improvements in clients who had been definitively diagnosed as "untreatable" by every mental health agency which encountered them, the value of our approach seemed self-evident and the refusal of the Panel to allow me to write up the DCFS program for my dissertation seemed arbitrary and illogical. Feeling both indignant and also ignorant about logical positivism and philosophy of science, I crossed the Midway and knocked on the door of Professor William Wimsatt. Although he had never met me, this eminent philosopher of science agreed both to tutor me in philosophy of science and also to go before the Panel and defend the scientific merits of writing a dissertation on the DCFS project. Although our efforts proved futile (one committee member had the temerity to tell Professor Wimsatt that "philosophy has nothing to do with science"), and I had to start from scratch and write a dissertation on an entirely different topic, the failed effort had two salubrious outcomes: the Wimsatts and the Piepers became fast friends, and I used what I learned from Professor Wimsatt to publish numerous peer reviewed critiques of the faulty positivist bias in social work research that have significantly and permanently broadened the definition of "scientific" and "evidence-based" in social work research. Some of these articles are available on my website. As a postscript I would add that in a dramatic turn about,

for some years now, SSA has in effect been endorsing the Inner Humanism approach to psychotherapy by placing social work students at the Smart Love Clinic.

Publishing Intrapsychic Humanism

With our new psychology well-developed and its clinical applications showing success, Bill and I turned our attention to writing *Intrapsychic Humanism.* We had no idea that it would be another twelve years before we finished. One problem was time. In addition to the fact that we were both working full time, we also were parenting and meeting degree requirements – Bill at the Institute for Psychoanalysis and me at SSA. Sunday was our only time to clarify and specify ideas. For many years, we got a babysitter and met every Sunday morning at the International House of Pancakes in Hyde Park, where we would sit for hours in heated but enjoyable discussions over terminology, concepts, footnotes etc.

When we finally put the finishing touches on the manuscript of *Intrapsychic Humanism* and began to look for a publisher, we discovered we had a problem. Publishers, it turned out, felt that they needed to classify their books into specific categories in order to market them successfully, and they said that they would only publish our book if we redefined it and pared it down into only psychology or only philosophy of mind so the bookstores would know in which section to shelve it. Because we had always thought of our

work as an inextricable blend of psychology and philosophy of mind, we were stymied and dejectedly concluded that the book would never be published. Then my father, Ben W. Heineman, stepped forward with an incredibly generous offer. He had incorporated a press named Falcon II in order to publish a book he had written on glass art, and he offered to use it to publish *Intrapsychic Humanism.* Without him, there would be no Blue Book and this afternoon would not be happening.

***Intrapsychic Humanism* made its debut at a party given by Stuart Brent, a landmark Chicago bookseller, who specialized in both psychology and philosophy and who read *Intrapsychic Humanism* in its entirety, appreciated it, and wanted to promote it.**

Applications

There were a number of individuals, some of whom are here today, who loved *Intrapsychic Humanism* and read and studied it from its publication. In the beginning there were a few who met with Bill and myself on a regular basis in a small group to discuss the ideas. As it became clear that understanding the book could benefit from many readings, this group informally at first and later formally formed the Intrapsychic Humanism Society, the 20th anniversary of which we are celebrating today. At first there was one study group, but over time others formed because many of those who wanted to read and understand

Intrapsychic Humanism were deterred by the terminology and overall difficulty and found it helpful to read carefully in a group.

In any event, in order to disseminate the ideas in Intrapsychic Humanism so they would be accessible to anyone and everyone, I undertook to write first *Smart Love,* written for parents and anyone interested in child development or working with children, and then *Addicted to Unhappiness,* written for adults who want to understand themselves and change their lives for the better. At this point in our story, a wonderful thing happened. Others began to get interested in reading and applying Intrapsychic Humanism in various contexts. A few of many examples are the following. I have mentioned the Intrapsychic Humanism Society, which we are celebrating today, and which has done a marvelous job of offering study courses on the Blue Book, sponsoring study groups, providing enlightening lectures on different aspects and applications of Intrapsychic Humanism, and, thanks to Dr. Patricia Walker and Dr. Steve Budde, is soon to be offering online courses for CE and CEU credits. There is Smart Love Family Services, founded and run by Carolyn Friedman, which is applying these ideas in a preschool, mental health clinic, therapeutic tutoring program, minority families program, webinars, and other services. The psychotherapeutic approach based on I*ntrapsychic Humanism* is being applied not only in the Smart Love Clinic directed

and inspired by Dr. Carla Beatrici, but also by therapists practicing Inner Humanism[5] in their private practices. Furthermore, members of the Intrapsychic Humanism community are teaching Intrapsychic Humanism in various academic and medical venues around Chicago.

Conclusion

In conclusion, I want to express again my deep gratitude to past and present members of the Intrapsychic Humanism Society for their dedicated efforts to disseminate Intrapsychic Humansm. After twenty years, the Society is stronger and more dynamic than ever and it continues to expand in exciting ways. I remain ever more convinced that Intrapsychic Humanism is the most robust, most accurate, most helpful way to understand human nature, including child development, the nature of consciousness, and the causes of psychopathology; that it is the most effective way to help those with emotional problems; and that it is the most compassionate, enjoyable, and growth-promoting approach to parenting and teaching children. Over the next twenty years I hope and believe the Society will succeed in its mission of showing the world the benefits to humanity of a thorough understanding of this comprehensive psychology.

[5] http://www.innerhumanism.com

Thank you so much for joining me in celebrating this milestone.