As one of the second generation of psychoanalysts following Sigmund Freud (1856–1939), Karen Horney (1885–1952) is acknowledged as the first feminist in the field of psychoanalysis. She was a founding member of the Berlin Psychoanalytic Institute, where she actively trained and taught. But during her lifetime, very few of her early colleagues in Berlin or Vienna anticipated the profound paradigm shift in the theory of psychodynamic treatment she was about to create in the decades following her pivotal move to the United States in 1932.

Horney began her clinical practice in Berlin in 1910, and by 1924, she was writing extensively on the limitations of Freud's instinct-driven theory of psychoanalysis, especially as applied to women. After her immigration to the United States, she made contact with sociologists, anthropologists, and philosophers of her day and was especially close to Margaret Mead, Ruth Benedict, Harold Lasswell, Abram Kardiner, Erich Fromm, and John Dollard. Learning that psychoanalysis cannot be divorced from the society in which one lives, Horney absorbed sociocultural understanding into her psychoanalytical framework. This led to her first major work in 1937, *The Neurotic Personality of Our Time*, a critique of Freud's commitment to a 19th-century philosophy of knowledge where behavior was fundamentally attributed to the discharge of psychosexual energy. This was her first challenge to the idea of the universality of Freud's assumptions.

Horney's cultural critique convinced her that no amount of amending Freud's theories at the margins was going to be effective in rescuing psychoanalytic therapy from a culture-bound posture leading to a closed system of thinking. Within 2 years, she presented the field with a comprehensive review of every aspect of the closed superstructure Freud had imposed on his great discovery of free association. Her 1939 text, *New Ways in Psychoanalysis*, acknowledged the indisputable importance of Freud's work but also questioned libido theory and, therefore, Freud's entire theory of instincts, which proved to be a most difficult historic moment for both theorists and practitioners of existing orthodox psychoanalysis.

Having deeply immersed herself for nearly three decades in assessing the clinical usefulness of Freud's theoretical structures, Horney was now prepared to offer her own genuinely original formulations of psychoanalysis and psychoanalytical treatment. She called her approach “a constructive theory of neurosis” to highlight differences from Freud's essentially pessimistic view of instincts and civilization as pitched in endless war with each other.

In her view, emotional distress is not instinct driven but is the result of conflicting and compulsive characterological trends in the personality, developed as an attempt to find safety from anxiety, vulnerability, shame, and self-hate. Healthy, genuine needs give way to compulsive drives that by their nature create “vicious circles of unattainable goals.” These splits are unintegrated and thus render the
patient fragile and vulnerable. Describing both interpersonal and intrapsychic dynamics, Horney carved out three prominent narcissistic constellations, each with its own transference and counter-transference implications. In her 1945 book *Our Inner Conflicts*, she initially described the movements toward, against, and away, vis-à-vis the other, as compulsive character trends; later, she referred to them as compulsive character solutions with the corresponding intrapsychic dynamics of compliance, dominance, and detachment, respectively.

No less crucial is Horney's change in the focus of psychoanalysis from the instinctual conflicts of the past to the immediately present cutting edge of character conflict. The emerging dynamic becomes framed in the experiential here-and-now. The psychodynamics of this theoretical change in how to treat inner conflict, coupled with the importance of the practitioner's involvement in the patient's phenomenological present, is richly formulated in her 1950 book *Neurosis and Human Growth: The Struggle Toward Self-Realization*. The work, which some say is Horney's magnum opus, was the culmination of her efforts to describe human pathology in the context of human possibility.

Horney was an experience-near theorist committed to careful listening to the immediate narrative. The posture, therefore, emphasizes a moment-to-moment immersion in the phenomenological world of each client. As the analytic therapist focuses on the dynamic present, dissociative states representing disconnected characterological structures come more clearly into focus, and with that, the characterological present becomes more relevant than the historical past. As the treatment proceeds, the therapist and eventually the patient become witnesses to the cutting edge of conflict created by split-off parts of the personality. In the midst of these conflicts, it is incumbent on the therapist to maintain an empathic, introspective, and subjective attunement to the process as it unfolds.

Immersion in the phenomenological present creates an evolution in language away from constructs such as ego, guilt, and objectivity toward the more experience-near language of self, shame, and subjectivity. With these metapsychological changes, Horney anticipated contemporary theories of self-psychology, intersubjectivity, and relational schools of thought. She opened up the complex and often painful interplay between the authentic self, the overidealized self, and the self-hating self. The mechanisms that have come to the fore in this paradigm shift are those of disavowal, splitting, dissociation, and fragmentation.

In addition to anxiety, panic, and depression, Horney brought into the center of treatment specific characterological issues such as diffuse self-dissatisfaction, identity, loneliness, confusion, and lack of direction, and a range of addictive disorders. Many of these narcissistic disturbances have become endemic in contemporary life and are now a major focus of treatment. In the psychodynamics she chose to emphasize, Horney anticipated much of contemporary theorizing, although her prescience (for the historical reasons cited) has been decidedly underacknowledged.

As the phenomenological perspective progressively draws a patient into subjectivity and self, it inevitably draws him or her into shame itself. Shame can go by many different names—discomfort, awkwardness, embarrassment, ridicule, stigmatization, loss of face, humiliation. Each term forms a useful continuum for the therapist to help approximate a patient's subjective moment. Shame is an emotion that often cannot be frontally identified, or often even named. As suggested, shame is inhibited by even subtle objectified postures by the therapist. Objectification blocks access to shame because it creates the threat of distance. Conversely, subjective immersion is the gateway through which a patient's shame can reveal itself. As the therapy proceeds and as greater levels of deeper

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attunement become possible, the patient will increase the growing intensity of self-expression. What started out as a feeling of awkwardness, for example, may step by step enter into issues of embarrassment, disrespect, hurt, and humiliation.

The therapeutic posture Horney emphasized was finding the *past in the present* rather than the *present in the past*. This change in posture brought many dimensions of psychic conflict into bold relief. She saw disavowed, dissociated, or unacknowledged shame as connecting the damaged self to the real self, maintaining that symptoms were a means of staying safe and keeping hope alive. Again, this was placing human pathology squarely in the context of human potentiality.

Both Horney’s clinical theory and her clinical posture placed her remarkably close to contemporary work with patients with trauma histories and their attendant characterological disturbances. The spectrum of trauma is seen as extending from any rupture in empathic attunement from childhood all the way to grave physical or sexual abuse in childhood or adulthood. On the other hand, incorporating trauma into classical theory has been difficult. Classical theory, as a model based on instinctual drive, gives insufficient attention to relational attunement and cultural bias; thus, theorists and clinicians have found it difficult to find a “rightful place” for trauma and its attendant feelings in Freudian dynamics.

Since Horney emancipated psychoanalytical psychology from its cultural restraints, the field has grown enormously. The paradigm shift has led to an explosion of theoretical and clinical work by many, stressing some of the most vital issues of our day. Each of these innovative works has left behind an outdated, objectified view of psychoanalysis and contributed to a subjectively vibrant fusion of science and humanism.

*See also* Cyclic Psychodynamics; Experiential Psychotherapy; Feminist Psychoanalytic Therapy; Intersubjective Group Psychotherapy; Phenomenological Therapy; Self Psychology

**Further Readings**


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