Psychotherapy Guidebook

Horneyian Therapy

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DEFINITION

Karen Horney saw her technique and theory of psychoanalysis as falling within the framework of Freudian psychoanalysis, not as constituting an entirely new system. She wanted psychoanalysis to outgrow the limitations she felt were originally based on mechanistic, reductionistic, and genetic thinking.

Horney's approach was holistic, looking at man in all aspects of his being — how he behaved in sickness and in health, his physical and psychological processes as a social and spiritual being (interpersonal and intrapsychic), in work and in leisure, as an individual and with others as part of the cosmos. She saw individual and environment mutually influenced by and influencing, extending into each other and only arbitrarily separable. Curative forces being as inherent in the mind as they are in the body, the therapist's task was to give a helping hand toward removing the harmful forces and supporting the healing ones (Horney, 1950).

This process involves the therapist becoming an active and aware

participant in a cooperative venture that is also a learning process. The ultimate objective is to aid the patient to more effectively utilize living experiences without professional help, but it is questionable whether this is possible without the therapist growing in the process as well.

HISTORY

Horney's primary interest was not in formulating a theory of personality functioning and organization but in therapy. Her theory was derived out of delineating the neurotic process through therapy. Horney's dissatisfaction with her therapeutic results as a classical Freudian led to a series of papers and books beginning in 1917, which enlarged on concepts of resistance, and challenged orthodox views of feminine psychology and the death instinct. By 1924 she was focusing on neurotic trends and character structure. In 1937 this culminated in her first book that also emphasized the role of cultural factors, basic anxiety, and the importance of the actual life situation of the patient. Her next book in 1939 was a critique of Freudian theory following her twenty-five years of experience with it. While separating out what she felt was debatable (libido theory, primacy of pleasure principle, fixation and repetition compulsion, penis envy, the goal of gaining mastery over instincts), she delineated what she felt were the most fundamental contributions to psychoanalysis.

These included psychic determinism, the role of the unconscious and free association, repression, the meaningfulness of dreams, that neuroses are the result of conflict in which anxiety plays a central role, and that childhood experiences play a crucial role in neurotic development. Of all Freud's discoveries, Horney valued most highly that one can utilize for therapy the patient's emotional reactions to the analyst, which include his symbolic experiences of early childhood figures; but she went beyond orthodox concepts of transference to also include all the patient's more recent interpersonal and intrapsychic experiences. In similarly extending the original concepts of counter-transference, she emphasized the personal equation of the analyst as a real as well as a symbolic person.

This was extended by her foremost colleague, Harold Kelman, who wrote extensively on the analyst as instrument, communing and relating, psychoanalysis as process, and the symbolizing process. (Kelman, 1971). He and his colleagues extended Horney's budding interest in phenomenology, existentialism, Zen Buddhism, Krishnamurti, and general systems theory to add further dimensions for exploration in working with patients.

TECHNIQUE

Horney emphasized, as did many others, that there can be no one special technique since each patient and therapist is unique in what they start

with, in their interacting and constant evolving. Because therapy was seen as a uniquely human cooperative venture, anything that suggested dogma or rules — rigid techniques that could lead to dehumanization — was contrary to the spirit of her theory, philosophy, and goals in therapy.

One might begin helping the patient with a particular problem regarding his work or social relationships, or the specific symptoms that brought him into therapy, or to allay his overwhelming anxiety, or to focus on helping him feel more integrated when he feels he is falling apart. Or the analyst may focus on building a trusting, mutually respectful relationship. Although the latter is not only humanly required but also an essential precondition for all psychotherapeutic work; with some patients (e.g., borderline patients) this may be the only initial objective for quite some time.

The therapist begins with the patient's present emotional state, with more specific objectives shifting in a process of constant diagnosing and prognosing, measuring and sensing the patient's motivation and ability to move forward. This means helping the patient identify on an experiential level his neurotic character structure, the complexities of his defensive mechanisms and underlying psychodynamic conflicts as well as his talents, capacities, and assets, including his dreams, which have evidenced themselves in his past and present life. How much a therapist can accomplish depends on the patient's ability to "let go" of some of his externalizing, his

rigid self-idealizing, and his self-hate.

Horney was most emphatic in seeing the initial interview as pregnant with therapeutic possibilities beyond what is conveyed between two strangers who are becoming acquainted for the purpose of working together. The therapist indicates a hopeful attitude, which encourages more opening up, by conveying that he is interested in the patient nonjudgmentally and is not shocked or frightened by his pathology. In suggesting possible connections between the past and various aspects in his present life, the therapist is aiding the patient to dispel an attitude of mystery and helplessness about his condition by implying that these things have meanings, can be understood, and therefore changed. Practical arrangements include the number and times of sessions, the fee and how it is to be paid, cancelled and missed hours and instructions regarding free associations, dreams and the use of the couch. The central issue here is that the session be considered as supplying analytic as well as "practical" material, to be freely discussed at a time when it can be used most productively to maintain the forward momentum of the analytic process with an attitude of flexibility and mutual respect for the life practicalities, thinking and feelings of both patient and analyst (see Cantor, 1957).

"Working through" includes questioning, underlining, clarifying, eliciting, and encouraging extended or new communication, as well as general

help by the analyst. The analyst tries to help the patient to become more aware of all the manifestations of his attempted solutions and conflicts and how they evolved from early childhood, to recognize the compulsive nature of all these elements, to appreciate the subjective value of his defense mechanisms, and to feel the adverse consequences of his situation. Only then can he experience what has been involved in his self-idealization, how trapped he has been in vicious circles, and how detrimental all this has been to his growth and happiness. His incentive for changing must be powerful enough to overcome the drive to maintain the status quo and outweigh the retarding forces of the neurotic process (see Cantor, 1967).

The notion of total "cure" is impossible in holistic process terms since self-realization can never be complete. Indications suggesting interruption of therapy, which is a mutual recognition and decision, include seeing how much progress the patient has made in terms of his experiencing himself as a more authentic person: that is, one who is more capable of taking responsibility for his own actions, becoming more genuine with other people, and respecting them as people apart from his own needs, which also includes the analyst ("resolving the transference"). The patient also begins to recognize how much analytic work he has been able to do without his analyst's help and will welcome the opportunity to continue on his own, aided with the knowledge that should he need help in the future, his analyst will still be available.

APPLICATIONS

Horney used the term “neurotic” in a general sense, not distinguishing in theory between neurosis, character disorder, borderline states, and schizophrenia. Her technique has been applied to all these diagnostic entities because the underlying psychodynamics have been felt to be similar. Different emphases are based on individual personality configurations, and according to which stage of development and life experience the onset and depth of pathology occurred. Variations in technique follow from the above variations; the patient’s degree of self-hate, the intensity of his need, and ability to relate and trust determine the tempo, rhythm, and length of therapy, and the order of focus and goals. Horney’s theory and technique have proved valuable as bases for understanding and communication in crisis intervention, group and family therapy, and counseling.