

## Karen Horney's Vision of the Self

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When I first read *Neurosis and Human Growth* in 1959, everything in it seemed clear to me except the concept of the real self, upon which Horney's mature theory is founded. That concept seemed vague, mystical, elusive, and did not make sense until I made contact with what I felt to be *my* real self after a number of years of psychotherapy. When I then reread Horney, I realized that she had anticipated this sequence of events. The real self will seem like "a phantom," she wrote, unless we are "acquainted with the later phases of analysis" (Horney, 1950, p. 175). It is a "possible self," what we would have been if we had developed in a nurturing environment, or what we can become if we are "freed of the crippling shackles of neurosis" (p. 158). The notion of a possible self seems highly "speculative," Horney continued, for who, seeing a patient, "can separate the wheat from the chaff and say: this is his possible self? But while the real or possible self . . . is in a way an abstraction, it is nevertheless *felt* and we can say that every glimpse we get of it feels more real, more certain, more definite than anything else" (p. 158). Since this corresponded to my experience in therapy, Horney's statements about the real self became meaningful to me.

The real self is not a fixed entity but a set of "intrinsic potentialities" (Horney, 1950, p. 17)--including temperament, talents, capacities and predispositions--that are part of our genetic makeup and need a favorable environment in which to develop. It is not a product of learning, since one cannot be taught to be oneself; but neither is it impervious to influence, since it is actualized through interactions with an external world that can provide many paths of development. Self-realization will take different forms in different cultures. There are certain conditions in childhood, however, that everyone requires for self-realization. These include "an atmosphere of warmth" that enables children to have and express their "own feelings and thoughts," the "good will" of others to supply their "many needs," and "healthy friction with the wishes and will" of those around them (p. 18). There are other conditions as well, as we shall see.

Horney described the real self as "the alive, unique, personal center of ourselves" (1950, p. 155) the actualization of which is the meaning of life and alienation from which may be called a "psychic death" (1945, p. 185). She quoted John Macmurray to the effect that life has no other "significance . . . than to be ourselves fully and completely" (1945, p. 183). For Horney the wish to develop oneself "belongs among those strivings that defy further analysis" (p. 23). The real self is her first cause, her prime mover, a source of intrinsically satisfying activity that requires nothing else to justify or explain it. The loss of self leaves us without a center of meaning, direction, and value, and we are governed instead by the conflicting demands of our neurotic solutions.

The real self is the repository of "the healthy conscience," which is "the reaction of our true self to the proper functioning or the malfunctioning of our total personality" (Horney, 1950, p. 131). "Common to all human beings and yet unique in each" (p. 17), the real self is a source of values that are in the best interest of human development, regardless of culture. Horney felt that there are genuine moral values that "can be dissolved neither by Freud's resort to instincts nor by the relativist's resort to social valuations and conditioning" (1939, p. 186). These values are an expression of our essential human nature, that part of the real self that is alike in us all. The good is that which fosters self-realization and the bad is that which obstructs it.

According to Horney, self-realizing people know what they really think, feel, and believe; they are able to take responsibility for themselves and to determine their values and aims in life. Their judgments and decisions are in the best interest both of their own growth and that of other people. They want to have good relations with others and care about their welfare, but they have their center of gravity in themselves and are able to say no if others make irrational demands or attempt to impinge upon their selfhood.

Karen Horney is not alone in positing a "real self" and in regarding healthy growth as a process of actualizing this self and unhealthy development as a process of becoming alienated from it. Her ideas have something in common with the developmental, self, and object relations approach articulated by James Masterson in *The Real Self*, where he observes that "after all, in our daily toil with our patients, our work revolves around a person with a self, not a collection of objects and an ego" (1985, p. 5). Horney's real self bears some resemblance to Kohut's "nuclear self" (1977, 1984) and even more to Winnicott's "true self" (1965). According to Winnicott, as a result of inadequate nurturing "something that could have become the individual becomes hidden away . . . protected from further impingement" by a "false self" that develops reactively and supersedes "the true impulsive self which might under more favorable circumstances have been gathering strength" (1987, p. 61). This sounds like Horney, as does much of Alice Miller's discussion of the loss of and search for the true self in childhood (1981, 1983) and R. D. Laing's account of ontological insecurity and the development of a false-self system in response to it (1965). I am not suggesting an exact equivalence of ideas, since in most cases there are theoretical differences that are too complex to be specified here.

Horney's vision of the self has much in common with that of Althea Horner, the editor of this series. According to Horner, each child has an "intrinsic nature," and "the goodness of fit between this nature and the mothering environment" greatly affects the development "and later expressions of this intrinsic self." (1994, p. 360). A good fit results in normal development, whereas a poor fit leads to "neurosis, personality disorder, or even psychosis." In support of her position, Horner cites Thomas and Chess (1977), who report "differences of stylistic characteristics in infants," which they refer to as "temperament." "They too speak of 'goodness of fit' as existing 'when the properties of the environment and its expectations and demands are in accord with the organism's own capacities, characteristics, and style of behaving.'" And they too see poorness of fit as leading "to distorted development and maladaptive functioning" (Horner, 1994, pp. 360-61).

Althea Horner's "intrinsic self" corresponds closely, I think, to Horney's "intrinsic potentialities" (1950, p. 17) that require a favorable environment in which to be actualized. For Horney, the

family is the most important component of the child's environment. When their own neuroses prevent parents from loving the child or even conceiving "of him as the particular individual he is," the child develops a feeling of basic anxiety that prevents him "from relating himself to others with the spontaneity of his real feelings, and forces him to find ways to cope with them" (1950, p. 18). The child's feelings and behavior are no longer expressions of his or her genuine self but are dictated by defensive strategies.

According to Horney, a poor fit between child and environment sets in motion a process of self-alienated development in which an idealized image replaces the real self as the primary source of motivation and sense of identity. People cope with feeling unsafe, unloved, and unvalued by compulsively moving toward, against, and away from others, and by embarking on a "search for glory" in which they try to actualize their idealized image. Compliant people develop an idealized image of themselves as loving, helpful, and forgiving; aggressive people strive to be powerful, ruthless, and triumphant; and detached people pursue freedom, peace, and self-sufficiency. Because the conditions that give rise to any one of the defensive moves tend to give rise to them all, people will be torn by inner conflicts, and these will be reflected in both their behavior and their idealized image. They may feel that they ought to be loving, masterful, and independent, all at the same time. In order to reduce such conflicts, they will make one of their defensive strategies predominant and will repress their subordinate trends. Their choice of predominate strategy will be influenced by temperament, culture, and the conditions in their immediate environment.

We now have two selves in Horney's theory, the real self, which she calls a "possible self," and the idealized self, which she calls an "impossible self." The real self is difficult to actualize because it is a sensitive plant that needs more nurturing than most of us receive and we can easily lose touch with it, but the idealized self can never be actualized because it transcends human possibilities and is full of contradictions. Self-idealization gives rise to yet a third self, the "despised self," which is what we feel ourselves to be when we fail to live up to the unrealistic demands we make upon ourselves, which Horney calls our "shoulds." Horney also posits an "actual self," which is who we really are at any given time. The actual self is a mixture of the strengths and weaknesses, defensive strategies and strivings for health that have been produced by the interaction between our given nature and our environment. When there has been a good fit, there will be little disparity between the real and actual selves, and we will have a clear sense of who we are. When the fit has been poor, the disparity will be great, and we will be confused about our identity. For Horney, one of the objects of therapy is to help patients relinquish their idealized selves and accept themselves as they are. This will diminish their self-hate and give them a chance to get in touch with their real selves.

Horney's conceptions of the real self and of healthy growth have been elaborated in the writings of Abraham Maslow. Maslow knew Horney, adopted her conception of the real self, and developed a theory that is complementary to hers. He argued that we all have an intrinsic nature that it is our object in life to fulfill. In addition to tension-reduction and conditioning we are motivated by a third force that urges us to realize our given potentialities.

One of the benefits of combining Horney with Maslow is that it supplements her theory of motivation, which never went much beyond the formula of "safety and satisfaction" that she

derived from Harry Stack Sullivan. Horney often invoked this formula as if it were sufficient to account for human behavior, but it left out needs to which Horney herself gave great importance—such as those for love, respect, esteem, acceptance of one's individuality, and the freedom to express one's spontaneous thoughts and feelings.

Horney never developed an adequate taxonomy of the motivations that she actually discussed in her writings, but Maslow's hierarchy of basic needs clarifies much that is implicit in her work. According to Maslow, all people have needs for physiological satisfaction, for safety, for love and belonging, for esteem, and for self-actualization. The needs are arranged hierarchically in the order of their strength. Maslow also posited basic needs for beauty and for knowledge and understanding. Frustration of the basic needs produces pathology; it arrests our development, alienates us from our real selves, and leads us to devise neurotic strategies for making up our deficiencies. The basic needs are inherently healthy and are capable of being gratified, but they turn into insatiable neurotic needs when unfulfilled. Horney was mainly concerned with the strategies we develop to deal with the frustration of our *neurotic* needs for safety, love and belonging, and esteem.

The real self for Maslow includes the basic needs and everything else that is part of our genetic inheritance. It also includes what he calls Being-values, which are the values that self-actualizing people spontaneously choose and that are normative for the species as a whole. Like Horney and Fromm, Maslow posited an "intrinsic conscience" that generates "intrinsic guilt" and that is also part of the real self (Maslow, 1968, p. 5).

Both Horney and Maslow felt that self-actualization is not an all-or-nothing affair but that people can have glimpses of the real self or experience episodes of optimal functioning even though they have psychological difficulties. Horney spoke of this as occurring in therapy, while for Maslow it happens when we have a "peak experience," which he defined "as a episode, or a spurt in which the powers of the person come together in a particularly efficient and intensely enjoyable way. . . . He becomes in these episodes more truly himself, more perfectly actualizing his potentialities, closer to the core of his Being" (Maslow, 1968, p. 97). This may help to explain how Horney and Maslow, who had both been badly hurt by life, were able to arrive at their vision of self-realization.

Those who posit a coherent self as the core of our personal identity are on the defensive these days; for such a belief is out of keeping with the current propensity for decentering, deconstructing, and denying the self, which is often seen to be merely the locus of cultural codes and influences. For those who deny a self, Horney's theory is predicated on an illusion, but from a Horneyan perspective the belief that the self is inevitably derivative, inauthentic, and fragmented is a product of inner conflict and self-alienation, which have been generalized as the human condition. We inevitably derive our conceptions of self (or its absence) from our own experience, and if there is nothing in our experience that corresponds to the idea of a real self, it is quite understandable that we should reject that idea. I have done so myself.

There have been various objections to Horney's vision of the self, but I shall confine myself here to the complaint that has been recently raised in these pages by Douglas Ingram, who finds the conception "of a holistic self" to be an "oppressive" idealism that has a pathologizing effect:

The notion of being unified is oppressive because it leads too quickly to the imperative that one *should* be and even feel unified. Arguably, the sense that one should feel whole, that the pieces of who one is should fit together like a jigsaw puzzle, is the genesis for much of the feeling that one is conflicted and needs help. The notion of a unified, integrated self exacts a toll: We are disordered if we are not meeting the criteria established, however uncertain those criteria are. The notion of a unified, integrated self risks that we will modify our inclinations so we become unified and integrated according to some imagined program or storyline. The inconsistencies, disharmonies, ebbs and flows of desire directed first this way and then that, the ways in which different contexts alter our senses of things--all this becomes implicitly pathologized by [the] holistic vision of the self. (Ingram, 1997, p. 230).

I should note that Ingram is not taking issue directly with Horney, but with Alexander Reid Martin (1949), whose ideas about the self were derived from her.

I can identify with the sense of oppression of which Ingram speaks. I did not feel oppressed by Horney's notion of the real self when I first encountered it because it did not make sense to me, although I had a vague concern that my incomprehension was a sign of some deficiency. I did feel oppressed, however, when I first encountered Maslow's description of self-actualizing people. I felt that he was talking about a breed of superior beings who were the sort of people I aspired to be, and I became increasingly dismayed as I measured the distance between them and me. Feeling disordered because I was not meeting the criteria established, I experienced self-hate and despair and was critical of my therapist for not being able to turn me into a self-actualizing person.

What happened next was rather curious. I read Maslow early in the summer of 1964, and by fall, when I returned to teaching, I had incorporated the Maslovian model into my idealized image of myself and felt euphoric rather than depressed. During the following six months, I exulted in my mental health and looked down on my neurotic fellow beings. I constantly scrutinized myself for signs of defensiveness or inner conflict and was disgusted when I discovered any. In Ingram's terms, I needed to feel unified and integrated according to the storyline I had found in Maslow. When I inevitably realized that I was fooling myself and that life would continue to be a struggle, I felt that I had been expelled from paradise.

My response to Ingram's account of why the unified, integrated self is oppressive has been influenced by this experience and by the understanding of it that I later derived from Horney's chapter on "The Road of Psychoanalytic Therapy" in *Neurosis and Human Growth*. I had made a good deal of progress in therapy and, based on episodes of optimal functioning, I had begun to envision what it would be like to live in a consistently self-realizing way. Maslow's account of self-actualizing people fleshed out that vision but made me realize how far I was from achieving it. I feared that I could never make it all the way. I became caught, at this point, in what Horney called "the central inner conflict" which develops in the later stages of therapy, after the real self has begun to emerge. Our growing wish to live from our real selves is opposed by our reluctance

to be bereft of glory. A violent inner battle ensues, the intensity of which "is commensurate with the basic importance of the issue at stake . . . : does the patient want to keep whatever is left of the grandeur and glamor of his illusions, his claims, and his false pride or can he accept himself as a human being with all the general limitations this implies, and with his special difficulties but also with the possibility of his growth?" This is "a most profitable but also most turbulent" phase of therapy in which patients have reached a "fundamental crossroad in their lives" (Horney, 1950, pp. 356-57).

At this stage of therapy, patients may use their progress as a basis for self-idealization. They go on a "binge of health" in which they imagine themselves to be "perfectly adjusted specimen[s]." They seize on their "very improvement as the last chance to actualize [their] idealized self in the shining glory of perfect health" (Horney, 1950, p. 358). But this state of euphoria cannot last. Because of their heightened self-awareness, they are bound to recognize that, notwithstanding their progress, "plenty of old difficulties still persist. And, just because [they have] believed [themselves] to be on the peak, [they strike] out against [themselves] all the harder" (p. 358). The demand that they be perfectly healthy becomes another tyrannical should, and they oscillate between pride and self-hate, as they had done before.

If constructive forces are to triumph over pride, patients must achieve an acceptance of themselves not as they want to be or even as they could be but as they are (the "actual self"). They must "feel sympathetic toward [themselves] and experience [themselves] . . . as being neither particularly wonderful nor despicable but as the struggling and often harassed human being[s] which [they] really [are]." They must realize that they "need not necessarily be a unique hero or genius in order to have any self-respect" (Horney, 1950, p. 359). Such self-acceptance is extraordinarily difficult to achieve, since the need for glory is tenacious, and the idealized image can take many forms, including, as we have seen, that of perfect mental health. The central inner conflict may never be entirely resolved but may continue throughout life.

All this fits my experience very well, and it sheds a certain light, I think, on Ingram's objections to "the notion of a holistic self." This notion is oppressive, he says, "because it leads too quickly to the imperative that one *should* be and even feel unified" (1997, p. 230). As a result, we may feel that we are conflicted and need help, and we may "modify our inclinations" so as to conform "to some imagined program or storyline." This is what Horney describes as happening when we incorporate the notion of a unified self into our idealized image and become subject to its tyrannical shoulds. The idea of a real self can then be oppressive indeed and can give rise to a feeling that something is terribly wrong with us even when we are functioning reasonably well. It can lead to rigid, compulsive behavior, to excessive self-scrutiny, and to feverish exertions of will that are the opposite of the spontaneity that characterizes self-realization for Horney.

Ingram finds that "the notion of a *self* is too static, too perfect, rather like the soul, which is its less secularized antecedent. *Self* seeks to transcend the aggregate of experiences. It denies the fluidity of subjectivity" (1997, p. 229). It pathologizes the "ebbs and flows of desire directed first this way and then that, the ways in which different contexts alter our senses of things" (p. 230). I do not see a necessary conflict between the idea of a real self and Ingram's sense of the fluidity of subjectivity. For me, being in touch with my real self means being able to go with the flow, being able to trust myself, not having to drive or scrutinize myself; and I believe that this is what

Horney had in mind when she spoke of spontaneity. The real self is not an immutable entity, a homunculus, or a *ding an sich*, independent of experience. It is initially a set of genetically given potentialities and predispositions, the actualization of which is dependent on the surrounding world. As it evolves throughout life, it is the product of the interactions between the individual's intrinsic nature, in Althea Horner's terms, and the particular environment in which he or she exists. The same set of givens could develop or be thwarted in different ways under different conditions.

Ingram's complaint that the notion of self is too "static" and "perfect," that it seeks to "transcend the aggregate of experiences," and that "it denies the fluidity of subjectivity" (1997, p. 229) is valid, I believe, only when the real self has become an idealized image with its tyrannical shoulds. I do not think it applies to the real self as Horney conceived it, which is flexible and always in process. When they are functioning in a self-actualizing way, people trust their real self enough to follow its promptings without knowing exactly where they will lead. "I find I am at my best," wrote Carl Rogers, "when I can let the flow of my experience carry me, in a direction which appears to be forward, toward goals of which I am but dimly aware" (1961, p. 27).

There is a temptation to give up the ideal of self-actualization because it seems impossible to attain, to deny the existence of a real self and to regard inconsistencies, disharmonies, and inner conflicts as simply human nature. Horney maintained her belief in the ideal even though she was far from attaining it (see Paris 1994). At the end of *Our Inner Conflicts*, she said that the goals of therapy are helping patients to assume responsibility for themselves and to achieve inner independence, spontaneity of feeling, and wholeheartedness. She cautioned, however, that neither the analyst nor the patient is likely wholly to attain these goals. They are ideals to strive for; their practical value lies in their giving us direction in our therapy and in our lives. If we are not clear about the meaning of ideals, we run the danger of replacing an old idealized image with a new one. We must be aware, too, that it does not lie within the power of the analyst to turn the patient into a flawless human being. He can only help him to become free to strive toward an approximation of these ideals. (1945, p. 243)

My psychotherapy never took me all the way, but I have come to terms with that. I no longer find Maslow's account of self-actualization oppressive; rather, it provides a source of inspiration, a sense of the direction in which I should like to go.

One of the ways in which Horney reconciled the disparity between her ideal of psychological health and the messiness of her own experience was to celebrate the striving for growth as a value in itself. She concluded *Self-Analysis* by observing that although there will always be unresolved problems, she was not acknowledging this "in a spirit of resignation":

Certainly the greater the degree of transparency and the more freedom we can attain, the better for us. But the idea of a finished human product not only appears presumptuous but . . . lacks any strong appeal. Life is struggle and striving, development and growth--and analysis is one of the means that can help in this process. Certainly its positive accomplishments are important, but also the striving itself is of intrinsic value. As Goethe has said in *Faust*:

Who'er aspires unweariedly,

Is not beyond redeeming. (1942, p. 303)

Horney recognized that the absolute best is the enemy of the good, that we must not disregard our accomplishments because we have failed to attain perfection.

She herself aspired unweariedly and was never daunted for long by her inability to attain her ideal. She felt that if we are to grow, we must have a sense of that to which we aspire while being sympathetic and accepting toward ourselves as we are.

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